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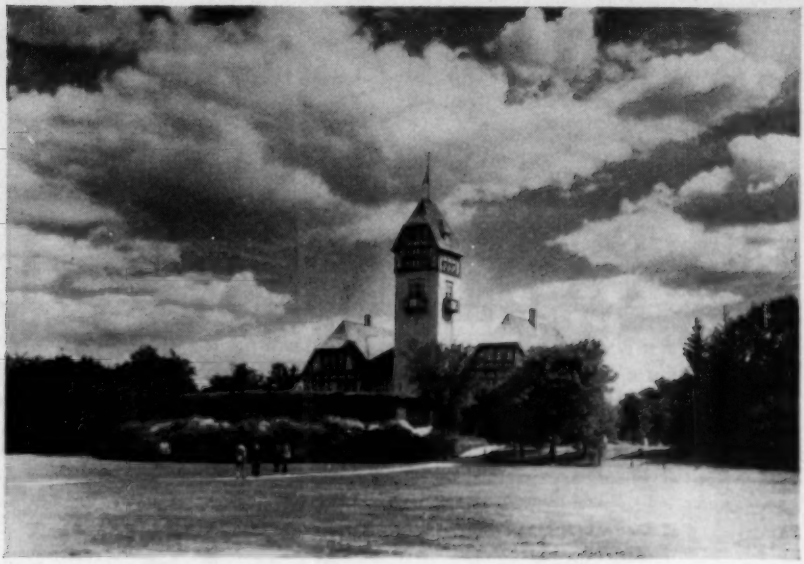
The Keystone of the Arch

It so happens that the General Meeting of the Canadian Nurses Association is to be held in Winnipeg this year and, from June 26 to July 1, representatives of the nine Provincial Associations of Registered Nurses will take counsel together in a city that proudly calls itself "the heart of the continent". Look at the map and you will see that Winnipeg is just that. Someday it will be the crossroads of the airways of the world.

It may surprise some of the proud dwellers on the Atlantic and Pacific coasts to learn that Manitoba is also a Maritime Province and that the first white man ever to set foot on its soil came up from the sea. In a booklet published by the Manitoba Government, Mr. W. J. Healy tells us that in 1612 an English navigator, Captain Thomas Button, arrived in the *Discovery*, a little ship of fifty-five tons and landed at the mouth of a river emptying into Hudson Bay, which he named the Nelson. After wintering there, he set up a monument with an inscription showing that he had formally taken possession of the country in the name of the British Crown. More than a hundred years later Pierre Gaultier de Varennes, Sieur de la Vérendrye, was to arrive at the site of the future city of Winnipeg. He had expected to find the shores of the Western Sea and to set sail for the Orient forthwith. But what he really found was the vast prairie, bounded only by an ever-receding horizon. Later still, came "The Company of Gentlemen Adventurers Trading into Hudson Bay" whose fortified trading post at the junction of the Red River and the Assiniboine was to become the city of Winnipeg and the gateway of the West.

Manitoba has been called the Keystone Province which sustains the arch that spans the Dominion from sea to sea. Within its friendly borders, people from widely different and distant lands have learned to live and work together in harmony. Threads from many na-



Courtesy of Provincial Government of Manitoba

The Administrative Building in Assiniboine Park, Winnipeg.

tional cultures are being woven into a tapestry that, while distinctively Canadian in pattern, is brightened by the rich colours of the original webs. Above all, Manitoba is a Western province, young, gay, ready for adventure and the hardship that goes with it.

The capital of the Province is the proud city of Winnipeg and here you will find the Legislative Building of Manitoba—one of the finest examples of architecture on the North American continent. Lightly poised on the crest of its great Dome, stands the heroic bronze statue of a youth, carrying a sheaf of wheat, and holding high a torch symbolizing the spirit of adventure. Nothing could be more characteristic either of the city or the province than the gallant figure of "the Golden Boy."

The University of Manitoba and its Medical School stands high among Canadian institutions of higher learning. There are great hospitals with their associated Schools of Nursing and here we must tread lightly lest we betray our profound attachment to one of them and fail to give all of them their due. The arts are by no means neglected in Winnipeg as you will see when you visit the Civic Auditorium the like of which cannot be found in other cities which we could mention but won't. No use stirring up local jealousies.

Sad to relate, there are a few otherwise good Canadians who say that they don't like the prairies. Usually, these people have only seen them from the windows of a train, so when *you* are in Winnipeg in June do take time for more than a casual glance. Six o'clock on a summer morning is a good time and so is ten o'clock at night. You have to get beyond the city limits really to see and hear and smell the prairie. A streetcar will take you far enough, out to St. Vital, or down the Red River to St. Andrew's Locks. Walk along the river bank

Courtesy of Provincial Government of Manitoba

Looking westward on Portage Avenue, Winnipeg.

and gather the wild roses, bigger and redder and sweeter than any that ever grew in Ontario. Watch the Polish women working in the long furrows of the gardens in Kildonan. Even British Columbia can show you nothing more picturesque. Cross the bridge to St. Boniface if you are homesick for Quebec. Looking westward you will see fields of grain as rich as any in Saskatchewan. Out at Bird's Hill you will think you are back on the range in Alberta. Manitoba lilacs rival those of Nova Scotia and the Winnipeg River is as wild and torrential as the Matapedia and has just as big fish in it. We even know a place in Manitoba that has soil as rich and red as that of Prince Edward Island and grows equally good potatoes.

On no account scorn the sluggish Red River lest it cast a spell upon you as it did upon Rudyard Kipling. He didn't like Winnipeg either, the first time he saw it. He even said it was a horrible aggregation of packing cases built along wide and windy streets that led nowhere. One evening he is reported to have looked west on Portage Avenue at sunset and suddenly to have become a better and a wiser man. For the first time he saw not only the prairie but also the incomparable sky that arches over it. He knew then that the streets were not blind alleys and that someday the packing cases would be replaced by "vaster and more far-reaching imaginations". He even learned that the Indians were right about the Red River and that it could cast a spell on those who lived beside it:

Walk warily beside that stream
Lest, when you would depart,
You find its every turning
Tied and knotted round your heart.

Yes, that is the way the spell works. Don't say we didn't warn you.

—E. J.

Hydatiform Mole and Chorionepithelioma of the Uterus

FLORENCE ROWELL

As hydatiform mole is considered one of the accidents of pregnancy and chorionepithelioma a further complication, it would perhaps be well to review the structure of the uterus, noting particularly the chorion and its relation to this condition. The walls of the uterus are thick and consist of three coats, namely, the serous or external derived from the peritoneum, the middle or muscular coat forming the bulk of the uterine walls, and the internal mucous membrane which is continuous with the lining of the vagina and the uterine tubes. This inner lining is highly vascular, covered with ciliated epithelium for the greater part, and provided with uterine glands. Further development of this mucous membrane lining takes place during pregnancy. The chorion is that membrane which envelopes the embryo and aids in attaching it to the wall of the uterus. This action is aided by the tree-like structures which are called chorionic villi.

Photo by Mr. J. R. Edwards

Hydatiform mole

Hydatiform mole is a rare condition of the uterus occurring in from 1 to 2500 or 1 to 3000 instances of pregnancy. It is considered a degenerative or neoplastic lesion, associated with or following pregnancy, usually in the first 12 to 16 weeks. There develops a cystic degeneration of the chorionic villi. This condition is considered benign though there is a question as to whether there is a malignant form. Novak, in his book on the pathology of obstetrics and gynaecology, writes: "I have described this so-called malignant mole unenthusiastically."

The appearance of a hydatiform mole is that of thin walled pale cysts which resemble tapioca, and are sometimes surrounded with blood clot. These cyst-like formations or vesicles vary in size from a pin's head to that of a grape, and may be seen singly or in clusters. During a pregnancy this material may distend the uterus to that of a full term pregnancy though the period of amenorrhoea would not suggest this. In such cases the fetus is lost to sight as such and the placenta may be partially involved. It appears to be a question whether the fetus is replaced by the mole or whether the fetus never formed. The symptoms of a hydatiform mole are:

1. Uterine bleeding at the third to the fifth month of pregnancy;
2. Enlargement of uterus greater than period of amenorrhoea would suggest;
3. Aschheim-Zondek test strongly positive;

4. Absence of fetal heart sounds or movements;
5. Lack of fetal parts on x-ray examination;
6. Spontaneous expulsion of vesicular material; later symptoms might be profuse bleeding with anaemia, sepsis, and cachexia.

Following expulsion of quantities of this vesicular material, which may be either spasmodic or in bulk, the observations on the part of the nurse, whether in hospital or in the home, are extremely important. Any material of this nature must be saved for examination by the doctor. In the event that all the mole formation has not been expelled there is the possibility of further growth and penetration into the uterine walls. Should there be undue or excessive bleeding a curettage is indicated to remove any retained uterine contents. These curettings should be pathologically examined to determine if there is a malignancy developing, that of chorionepithelioma.

If the clinical symptoms suggest that all the mole had been spontaneously expelled, or removed by curettage, the patient is kept under observation but may be allowed up and around to determine if further bleeding is likely. On discharge from the hospital, she is instructed to watch for and to report the appearance of any vesicles or like material from the vagina and for recurrent bleeding. The necessity of reporting to the doctor for a check-up as arranged is emphasized. These patients are instructed to return in a month for an Aschheim-Zondek test or a Friedman test. If the test proves positive it would suggest the presence within the uterus of living chorionic elements which might not have been found in the examination of the curettings. If the test is negative, two further tests are made a month apart, as a safety measure. The Aschheim-Zondek test is most frequently used for diagnosis of early pregnancy but is valuable here because a positive reaction, caused by the presence of placental hormones in the urine, would suggest either the presence of placental material, hydatiform mole, or chorionepithelioma.

Chorionepithelioma is a highly malignant neoplasm with invasion of the uterine wall, blood channels, and uterine vasculature. It metastasizes chiefly by the blood stream, and lymphatics, and metastases are seen in the parametrium, vulva, vagina, lungs, brain, liver, and kidneys and death results in 70 to 80 per cent of the cases. It may follow full term pregnancies, abortions, or hydatiform mole. In the latter instance it has been found that one or two to ten per cent of the cases may develop chorionepithelioma. Novak states that in chorionepithelioma approximately 50 per cent are preceded by moles, 25 per cent follow full term pregnancies and 25 per cent follow abortions. The symptoms are:

1. Persistent or repeated uterine hemorrhage following abortion, full term labour, or hydatiform mole, is the chief symptom; if following hydatiform mole, it is considered suspicious; if the symptoms are caused from simple bleeding, curettage would cure them, if from chorionepithelioma, bleeding would persist even following curettage;
2. Anaemia due to blood loss;
3. Pain in small of back and lower abdomen;
4. Pulmonary symptoms, such as pain, blood-stained sputum, and cough which might indicate deposit in the lungs.

Rarely does spontaneous cure result. The only certain sign of chorionepithelioma is the examination of uterine curettings and sometimes is only determined on examination of the uterus following hysterectomy. The Aschheim-Zondek test is sometimes of value in diagnosis. Treatment following diagnosis of chorionepithelioma is the complete removal of the uterus and appendages to

prevent further metastases. In inoperable cases radium and x-ray are used. Follow-up with Aschheim-Zondek tests for a few months, even following radical surgery, is advisable due to the possibility of metastases which might be offset by further treatment such as x-ray therapy. There are few cases of tubal and ovarian hydatiform mole and chorionepithelioma. As I mentioned previously, hydatiform mole is a rare condition. On a gynaecology ward of 46 beds, with which I am familiar, during a period of less than three years there were six instances of diagnosed hydatiform mole.

In summarizing these conditions I would like to stress the nurses' responsibility in watching for the passage of vesicles or material resembling mole formation. This is essential for the safety of the patient, and may be the means of prolonging her life. Again the nurse may be of great assistance to the doctor in helping him to make an early diagnosis.

A Journey Among Friends

GERTRUDE M. HALL

When the offer of a travel grant to study public health organizations in Eastern Canada and the United States came tapping at our door, we were taken by complete surprise. What had we ever done to merit such an opportunity? Too much credit cannot be given to the Rockefeller Foundation, that great organization whose aims and objectives are so completely altruistic and humanitarian, for the opportunities they have so generously provided to prepare workers for the public health field.

An itinerary covering ten weeks included a study of various centres — private and official organizations, university schools of nursing and the newly developed central schools of nursing in New York State. Despite the difficulties of war time travel, opportunities to study and compare were beyond all expectations. Primarily we were concerned with administration and supervision and before setting forth on our journey, we prepared an outline of master questions consisting of all the "musts". We always had a few "electives" just in case time permitted.

Our first port of call was Toronto University School of Nursing where we were under the capable guidance of our good friend Miss Kathleen Russell, Director of the School. Here we were privileged to meet and to associate for an all too brief period with Nursing Fellows from different countries. Such contacts are of immeasurable value and it was interesting to note the differences in the viewpoint and the manner in which such differences disappeared when discussion disclosed similarity in principle and objective. The true significance of such international contacts has been ably expressed in these words: "When we break through the surface of our reserves and defences, how alike we humans are, no matter what may be our race or creed".

The contribution which the Toronto University School of Nursing is making is not yet completely understood or appreciated by all the nurses of Canada. We share with Vera Brittain the opinion that Miss Russell has lighted one of those significant candles of progress which will ultimately illumine a still

backward profession. We came away cheered and encouraged by all we had learned and observed. The development of this very carefully integrated program of the preventive and curative aspects of nursing might well be used as a pattern for other university schools of nursing.

Reluctantly we left the "Queen City" and set forth early one Sunday morning to journey through the beautiful Niagara country and then to cross "the line". This took us to Albany, the headquarters of the Department of Health in New York State. Reporting for duty well before the usual hour, we were delighted to be joined by two young nurses from the United States Public Health Service who had been assigned to work in the outlying counties. An introductory program had been arranged in which we were invited to participate and thus were able to obtain first-hand knowledge of the entire department. An intensive campaign to establish nursing service in every county had been under way for the past five years. It was explained that a reasonable health program can be offered by one nurse for a population of five thousand and that a limited bedside nursing service had been included in the program. Fortunately, funds for the latter service are being supplied by the Federal grant for nursing service.

Syracuse was the next point visited and we recalled having read about the health demonstration conducted in this city under the Millbank Foundation some years ago. Perhaps we might be forgiven if we showed undue eagerness to find out all we could in the brief period allotted. We observed that which we had always yearned to see, namely, an excellent prenatal program, including prenatal clinics, the latter being "patient centred". Everyone connected with the clinic considered the patient as an individual whom they personally desired to serve. Clinics can be so highly efficient, the patient being just another case or number in the mechanical routine. Not so in this instance and we were cheered beyond words to have had an opportunity to participate in a program which considered the patient so completely.

"The House on Henry Street" and "Windows on Henry Street", books responsible for inspiring us to greater effort, became a reality when we were assigned to a field guide for visits in various centres of that great metropolis, New York City. We felt somewhat insignificant when we learned we were just one of 1792 students, including medical students, who would observe with the visiting nurses during the coming months. Dinner with the staff at the Settlement House was a fitting climax to a most enjoyable experience. From observation of private and official public health agencies, we concluded that the former had much for which to be grateful. Standards maintained by private agencies were, generally speaking, better than those of the official agencies. The reasons for this would seem to be freedom of action for experimentation and no Civil Service regulations to interfere with staff appointments, promotions, etc.

A most interesting day was spent in visiting the headquarters of those great professional organizations, the American Nurses Association, the National Organization for Public Health Nursing, the American Journal of Nursing, and the National Nursing Council for War Service. Heretofore, 1790 Broadway had always been a remote but alluring address. What a thrill as we swung into the foyer and announced our floor as nonchalantly as if we too belonged. We were greeted by friends and acquaintances who arranged a completely satisfying program.

Wending our way to the Deep South, we visited that delightful state of Maryland, there to observe a most interesting public health program carried on through the generosity of a grant from the Rockefeller Foundation in the eas-

tern district of the city of Baltimore. This district has a population of 100,000 and is used as a study area. A generalized program (with the exception of school health services) is well established. The tuberculosis program was particularly outstanding and the nurse consultant has carried on a very intensive and conscientious plan of staff education and supervision over a period of three years. Once a month, all new cases are reviewed by the medical officer of health in the presence of the supervisor and the field nurse responsible for the follow-up programs. A study of the histories written by nurses revealed intelligent and careful work. There was evidence of good teaching throughout.

To us, Johns Hopkins Hospital had always been a revered name, a great institution of healing and a centre of learning. Associated with it were the names of great medical and nursing leaders. Now we were to have the opportunity to obtain at least a glimpse of its extensive fields of service. In the absence of the director of the School, the educational director outlined the curriculum and the program of acceleration. A class of one hundred students had been admitted in October, fifty of whom had either a college degree or advanced college work. This group were being taught on a higher level and students who had majored in sciences were not required to repeat the courses given in the School of Nursing curriculum. They were, however, expected to audit the classes and a few were used to assist in laboratory demonstrations for which they received a fee of fifty cents an hour. These students were also being assigned advanced work. The faculty organization gave opportunity for staff development and appeared to be very democratic. We were much interested to learn that among the various faculty committees, one was responsible for the selection of students and the director of the School acted only in the capacity of consultant.

A district supervisor of public health nurses called for us bright and early one morning and drove us throughout the countryside where we visited no less than five health centres and two defence plants. A tour of the industrial centres showed that trailer camps were providing shelter for hundreds of workers and their families. Imagine, if you can, lines and lines of brownish green trailers, propped up several feet above the ground, numbered and ranked in orderly fashion twenty feet apart, along streets which radiate in every direction. As far as the eye could see, the rounded mushroomlike bodies of the trailers, shorn of their wheels, dotted the landscape. There were curtains in the windows, children's toys were lying around the doors and, at the side of every trailer, there was the inevitable collection of milk bottles, pails and oil cans. Some enterprising householders had built fences around their small plots and a few had gardens but for the most part there was drab uniformity in the homes with little beauty in the yards in the leafless season. Near each group of trailers there were the necessary sanitary facilities consisting of showers and toilets for men and women. A double trailer houses a laundry with electric washing machines. Housewives use this freely and have all the hot water they need to carry back to their trailers.

The families occupying these dwellings come from all over the United States and from every walk of life. A young couple straight from a ranch in Texas lives next door to college graduates from Chicago. Mountaineers meet farmers, farmers meet city clerks. Trailer Town is the cross-roads of a nation and its residents a cross-section of America. The majority of the women work in defence plants. Nursery schools have been established and are operating twenty-four hours a day. A trailer camp has been equipped as a health centre for the public health nurses. Regular child

health conferences are held and on certain days each week the public health nurse is available for consultation on all matters pertaining to health. The health centre is one of the busiest places in Trailer Town.

Vanderbilt University School of Nursing at Nashville, Tennessee, is the American counterpart of Toronto University School of Nursing and provided a most interesting experience. Rather heavily endowed, the question of finance was happily conspicuous by its absence and we found ourselves in complete agreement with the integrated program and longing for an opportunity to emulate its pattern. Students are required to have had two years of college before entering the School and are thus somewhat more mature. They have also acquired the habits of abstract thinking and study so desirable for students in a school which operates on a purely professional level and where spoon-feeding is an unknown quantity. With each clinical service, a part-time experience is spent in the related clinic of the outpatient department. Throughout the entire program, theoretical and clinical, emphasis is placed upon the prevention of disease by means of effective health teaching. Student nurses were observed teaching a series of classes for mothers in the out-patient departments and performed like veterans. We compared this educational approach with that of our period and sadly wondered how we ever managed to survive the struggle of learning on the job, as full fledged public health nurses, at the price of the public whom we too had exploited. A little prayer of gratitude was said for those leaders who have emancipated the student from conditions such as we endured.

We accompanied a group of senior students to Rutherford County Health Department where a generalized public health service is carried out. The program, as planned for the student, includes supervised field work, lectures on various county health activities and individual group conferences and extends over a period of 40 hours weekly for two months. In our contacts with students we had ample opportunity to observe the effectiveness of their educational preparation and we cherish the hope that in the not too distant future all student nurses may have the advantages of a similar basic course.

We were invited by the State Director of Health to attend an institute for administrators in schools of nursing and public health agencies on the question of the accelerated program and the use of community resources. Several practical recommendations were outlined, one of which concerned the rotation of increased numbers of students through the more restricted services. It was suggested that students should work fewer hours in order that more nurses could be assigned to them over a twenty-four-hour period. Other suggestions were that communicable disease experience be contracted and more intensive clinical teaching be given. The necessity of using tuberculosis sanatoria and psychiatric hospitals for affiliation purposes was pointed out and centralization, especially for preliminary courses, was also encouraged.

We were most reluctant to leave the sunny South with its characteristic warmth of hospitality but were delighted with the time spent in observing two excellent nursing organizations in Detroit. Western Reserve University Training Centre in Cleveland also impressed us as an admirable centre for field experience for students in public health nursing. Turning back to New York State we found ourselves in the heart of the beautiful Finger Lake country where the trees were a riot of autumn colouring and the charm of the countryside will always remain among our happiest memories. Here we observed the development of a central school of nursing. Keuka College in the town of Penn Yan had,

under the direction of Miss D. Felt, recently opened its doors to student nurses. Miss Felt expressed the objectives for Keuka College Central School of Nursing thus: to produce nurses interested in small hospitals and rural community work; to produce nurses with better than ordinary understanding of community needs and social aspects of nursing care; to produce nurses, conscious of the fact that hospital experience is but one part of the patient's whole experience during illness and that nursing care in the hospital is only one part of health conservation and the cure of disease.

Four local hospitals, having a daily average of patients varying from 50 to 275, provided all the clinical experience except pediatrics and psychiatry. These affiliations were being planned in larger teaching centres. We had the privilege of accompanying the health teacher and were thus able to observe the plan for integrating the public health and social aspects. Group conferences were held with the students before and after each field trip and they were thus guided in their observation and assisted in forming conclusions. There are, of course, obvious difficulties in putting over a central school program. Summed up, these appeared to be an insufficient number of qualified nursing personnel. Transportation was time-consuming and expensive. Small hospitals are not always teaching hospitals and doctors are not always interested in the education of student nurses. Nevertheless, from our experience we would say that this is an intelligent attempt to meet the needs of the community. Given time and support, the central school will make its contribution to the better preparation of nurses to render a better type of service.

We had now reached the end of our tour and with mixed feelings we boarded the train for home. Ten weeks filled with interest and value lay behind. Ten years from now we shall still be trying to put into effect the many things we learned. It is well to leave our own fireside for journeys such as this but oh, it is good to be home again!

The Search for Truth

In wartime, science and learning are necessarily partisan, but this is a perversion of their real character. For of all the activities of men, science and learning are the most truly international. They alone seem to be capable of transcending the follies and absurdities of national rivalries. The search for truth, the experimental method, the eager application of new discovery to human ills — these speak in a tongue which meets with universal understanding. These constitute perhaps the strongest link between intelligent people in all countries, no matter what flag flies over their frontiers.

It is a significant symbol of this common link that the astronomers of the world, even in time of war, have defied the boundary lines that sought to prevent the exchange of information dealing with the universe. A new comet discovered by Diamaca, a Roumanian, is reported by radio at Bucharest to the Royal Astronomer of Denmark, and by him to the Observatory of Zurich, and then to the Harvard Observatory. Professor August Kopff of Berlin sends word by way of Copenhagen and Stockholm that a nova of the twelfth magnitude in Aquila has been discovered, and the information is immediately checked in observatories in all countries. Under the auspices of the Department of State, the Harvard Observatory publishes, in mimeographed form, "Astronomical News Notes", which goes by mail, directly and indirectly, to probably all the observatories of the world.

If in the midst of the bitterest conflict in history the discovery of a comet or of a new universe of stars can link together astronomers of warring nations, surely there is hope that when peace comes, the fellowship of research and the common language of science and learning can be a strong base on which to help build a coherent and integrated world.

— Raymond B. Fosdick.

Better Storks for Alberta

MARY H. WILLIS

What Storks?

In Alberta, Provincial District Nurses are posted to "outlying districts, isolated from medical, hospital and nursing care". At the head of our list of duties we find: "prenatal, maternal and infant welfare". Our book of regulations also says: "It is desirable for the nurse to hold a State Certificate in Midwifery from Great Britain or other parts of the Empire, or to have had postgraduate courses in obstetrical nursing, to equip her for the additional duties found in district nursing".

Obviously these midwifery courses are not readily accessible to an Albertan nurse, and postgraduate work in obstetrical nursing, though helpful, hardly covers the same ground. Many of us have felt our inadequacy very keenly, and the philosophical reflection that we are at least better than nothing is not much help in a moment of crisis. The Department of Public Health has shared our misgivings and has been trying for some time to provide a solution. Result: the University of Alberta's new course in Advanced Practical Obstetrics for District Nurses.

Are Storks Necessary?

The object of this course definitely is *not* to establish a system of midwives in Alberta. On the contrary, the general practice is for all maternity cases to go to hospital. Where a doctor's or hospital's service is available, home deliveries are very rare. District nurses, however, are usually stationed in districts beyond the doctor's range, and where a trip to hospital at the onset of labour is out of the question. If a doctor is needed our only course is to take the patient out to him, which is often difficult, occasionally impossible. Therefore in our obstetrics we do not attempt to take any case which does not promise to be reasonably normal and straightforward. The mother must report to us early in pregnancy and come regularly for prenatal care. Only under these conditions do we take responsibility for delivering her.

Our offices are equipped so that we can do pelvimetry and urinalysis, and record weight and blood-pressure. If the mother's measurements and weight-gain are satisfactory; if her blood-pressure has remained steady or responded to treatment; if the foetus appears to be in a normal position and the mother in good general health, and if she has no history of previous intrapartum troubles (severe hemorrhage, adherent placenta, and so on), we agree to take the case. If we are in any doubt we send her out for a doctor's examination, or tell her definitely that she must go to hospital for her confinement. (This usually means that she has to go out before the baby is quite due and stay with friends or in hospital until the event, as distances, road conditions, and means of travel make it unsafe to wait until the last minute.) If we agree to take the case we try to visit the home some time beforehand, to look the scene over.

We try to be as self-sufficient as possible, for experience teaches us that we can expect to find very little in the way of preparation or equipment in the home. Our maternity bag contains a simple but adequate set-up. Our only anaesthetic is a few whiffs of chloroform — ether is considered too explosive to use near lamps or wood stoves. The home conditions are often primitive — perhaps a one-roomed shack with (or without!) a sheet pinned over a pole to provide some privacy. Our table is often the family sewing-machine, or it

Storks bring twins

may be a chair or apple-box. On the whole, we think that in our home deliveries labour tends to be rather shorter and the baby livelier than where more sedative is given. Our mothers are usually co-operative and take things calmly and for the most part everything goes off satisfactorily.

But alas, sometimes the unexpected happens — hemorrhage, a placenta that doesn't come, or a baby with unorthodox notions about how to rotate its head — any one of a dozen things. This is where knowledge counts. If radical measures seem indicated, in what circumstances is one justified in attempting them? How long is it safe to wait? Which is going to be the greater risk to the patient — a long rough trip to hospital or, say, a manual removal of the placenta by the nurse? Is there reasonable likelihood of the baby's having better second thoughts in the matter of rotation? Can one do anything about it, or is it a case for hospital, *stat*, be the mud never so deep or the snow so blizzardy?

Storks-in-Training:

It was to find answers to such questions as these that four of us assembled in Edmonton last September to register for the University of Alberta's new course, thrilled to find ourselves participating in a pioneer enterprise, and upheld more prosaically by a prospect of bursaries. The class was intentionally kept small, to give each of us as much practical work as possible. All four of us were on the District Nursing staff of the Department of Public Health. Our obstetrical experience ranged all the way from that of A — who had delivered some two hundred babies, many of them in the African bush, to D — whose experience was about nil, and who had had very little obstetrics in her training. The course was planned to provide instruction and clinical experience in antepartum, delivery and postpartum care of pregnant women. Our tutor and mentor was a former district nurse, who holds the certificate conferred by the Central Midwives Board for Scotland. We had a series of lectures from the professor of obstetrics and gynaecology in the University of Alberta, mannikin practice with his assistant, and several lectures on the care of new-born and premature infants given by the professor of paediatrics. As much observation as we could manage was afforded by the two co-operating hospitals. This programme occupied two months.

The third month was spent in the field, getting practical experience. This part of the course probably provided the organizers with their worst headaches. The ideal would be to take as many home deliveries as possible under supervision — but where to find the babies, and how to persuade them to arrive on schedule? One institution was very helpful in co-operating, but could not provide enough cases for us all. There were not many districts with enough babies expected that month to assure a student good experience. We did, however, manage to collect enough cases to feel satisfied with this part of the course, although a few more would not have come amiss. This difficulty might be alleviated if some of the rural hospitals became interested and arranged to give students taking the course this very necessary experience.

The scope of the course was wide but essentially practical. We studied prenatal care in considerable detail and had good experience in pelvimetry and abdominal palpation at the hospitals. We were afraid at first that the patients-in-waiting might not like "being practised on", but it turned out that most of them were feeling quite bored and enjoyed the diversion. The doctor who lectured to us also allowed us to attend his office examinations, a week at a time, which gave us wonderful experience we could not have got in any other way. We studied pelvic anatomy and measurements in some detail and gave a good deal of time to mechanisms and technique of delivery. Our aim is to preserve the perineum, avoiding lacerations as far as possible, but should these occur we must know how to do a suitable repair. We planned a simple routine for post-partum care — usually we are only able to make one or two return visits. Since we also expect our patients to come to us for a sixth-week check-up, we went carefully into the question of what we should look for, and the necessary treatment and advice.

Besides all this normal care, we also studied a number of abnormal conditions, with the possible treatments — not with the intention of using this knowledge if a better alternative were available, but so that in desperate circumstances desperate remedies could at least be attempted. One member of our class, for instance, is stationed in a district bounded by a river which, if it is high and logs are coming down, is sometimes uncrossable for days, leaving the district completely isolated, as it has not even a telephone. The chances that this extreme condition of both the river and the patient might coincide, while not great, are entirely possible, so how much better it would be for the nurse to be able to meet the situation competently.

Besides recognizing the abnormal, it is also very comforting to be able to recognize the normal — looking back one remembers various times when this knowledge would have saved needless worry. It means a great deal both to the nurse herself as well as to her patient if she can say with conviction: "Everything is coming along all right".

It is interesting to see how our prac-

A district nurse's cottage

tice necessarily differs from that of certificated midwives (C.M.B.) working in the British Isles. *They* have a book of definite rules: "if so-and-so has been going on for such-and-such a time, when you have done this-and-that — call the doctor"! *We* are threatening to write an equivalent tome to suit the Alberta District Nurse, somewhat as follows: "When you have done such-and-such and so-and-so keeps on happening (or not happening) try this — if no success, try that — if still no success, and if the logs are blocking the river or the ice is too thin, attempt what-have-you — but if the road is open as far as what-you-may-call-it, and you think you can borrow a fresh team at who's-its . . . etc. etc."

No course can equip us with ready-made rules for all contingencies (what to do, for instance, when at the moment of delivery you turn to your table for an instrument and find a kitten, of whose existence you were previously unaware, intimately inspecting your sterile set-up, or when, in "the season of the year", the errant caterpillar, slowly paying out his rope, descends from the ceiling with stately deliberation in the most unsuitable of places) though it may help to solve correctly the problem which once faced one of our number when two expectant fathers arrived simultaneously on the same errand, from opposite directions, and she opened the door just in time to prevent a fight.

The Storks enjoy themselves:

To say that we found the course "interesting and instructive" is inadequate. We found it absorbing. We lived, talked and dreamed obstetrics for three months. We had no idea there was so much to learn. Certainly we went back to our districts better equipped and with better-founded confidence. Our chief anxiety now is that we may not have enough practice to keep memory bright. So, if you peep through the curtains of some lonely district nurse's cottage, in bush or prairie, and see her earnestly engaged in wiggling a contorted rag-doll through a stove-pipe "elbow", murmuring the magic words: "descent is continuous . . . as soon as the head meets with sufficient resistance there is a movement of increased flexion . . . mutter mutter mutter . . ." you will recognize a graduate of the University of Alberta's Advanced Course in Practical Obstetrics keeping herself in fighting trim.

Editor's Note: A footnote to Miss Willis' delightful sketch of "Alberta Storks" has been written by Mrs. Barbara Eben, who served as instructor in obstetrics to the group during their course in advanced practical obstetrics:

"Better Storks for Alberta" stems from the pen of one of four students in the Advanced Course in Practical Obstetrics for District Nurses. This three-months course is planned to provide training for nurses who are stationed in remote parts of the Province of Alberta, far from medical help. It is also open to any nurse who can demonstrate her need for such training, as for instance the nurse in charge of a small hospital, where a maternity case may be admitted while her doctor is out on a distant call. The students are given a thorough grounding in antepartum care, including study and practice of pelvimetry, and recognition and treatment of early toxaemia. Prevention and treatment of abortion are taught. The nurse learns to diagnose positions in order that she may get abnormal cases to hospital before the onset of labour. Instruction and practice in the delivery of normal cases is given and she learns how to deal with abnormal deliveries in the event of their occurring. She also learns how to handle such complications as postpartum haemorrhage and retained placenta. Care of the infant and postpartum care of the mother follow, and the mother reports to the nurse for six weeks following delivery.

This course will be repeated in September, 1944. Classes will be limited to six students but if there is a sufficient number of applicants it will be repeated early in the New Year.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Staff Education in a Visiting Nurse Association

MARION NASH *and* HELENE SNEDDEN

If you haven't already read Miss Helen McArthur's stimulating article on the Principles of Staff Education you should do so without delay. You will find it on page 115 of the February issue of *The Canadian Nurse*. While my own approach to this subject will be from a somewhat different angle I first want to repeat Miss McArthur's question: What *is* staff education? Is it a superimposed extra like frosting on a cake, something that makes the confection look more inviting and perchance is more pleasing to the palate but which in perilous days we take pride in relegating to the luxury class? Or is it something real and vital which permeates every phase of our program and is the driving force which keeps the whole staff moving toward the desired goal — more and better service to the community by nurses who are increasingly aware of the need for their service and who possess the enriched experience which makes that service possible?

Staff education, worthy of the name, must promote the growth of every staff member and must be woven into the very warp and woof of the structure of the organization. To curtail the educational program is to weaken the strength and resiliency of that fine fabric, the professional group, by means of which the organization functions. Staff education is, then, a guidance program organized around particular needs at each and every stage of the worker's development. It must meet the requirements of the new nurse who has had varying preparation and experience; of the nurse who has passed the initial preparatory stage but is not yet too secure in her chosen field; of the more mature nurse, rich in experience; and of the nurse with broad vision and superior academic and professional background. Such a program calls for individual guidance in addition to group conference and classroom teaching and, at this point, I might suggest that you couldn't do better than review Miss Annonciade Martineau's excellent article on "The Art of Leadership" which appeared in the January number of *The Canadian Nurse*.

The type and quality of the educational program must, like other policies, be determined by the administrative body. It is usual, however, in visiting nurse associations, for the supervisors and staff nurses to have a voice in the making of policies. Consequently, these two groups must also accept their share of responsibility for the soundness of the staff education program. Once the guiding policies are formulated, the director

may delegate to some one person the responsibility for developing the course of study but program planning must be a joint undertaking and its success or failure will depend upon the degree to which the educational supervisor is able to secure the interest and co-operation of every supervisor and staff nurse.

I have indicated that the program must be set up in terms of the known needs of the participating group. Just what do visiting nurses need in order that they may feel sufficiently secure in their work to experience satisfaction therein and consequently to give a worthwhile service to the community? They need: (1) to learn the principles, policies, and procedures of the visiting nurse organization with which they are associated; (2) to develop skill in interpreting policies and in the use of visiting nurse association procedures; (3) to appreciate the facilities afforded by other health and welfare agencies and to become proficient in their use; (4) to inform themselves concerning the new developments in preventive medicine and allied fields; (5) to learn new trends in public health nursing and new developments in the community which may affect visiting nursing; (6) to develop skill in the use of the analytical approach to situations; (7) to become wiser, more skilful, and better informed teachers; (8) to grow in their understanding of human behaviour; (9) to develop their potential capacity for leadership.

Methods which may be used to attain these objectives are:

1. A period of intensive study, including field and classroom demonstrations, individual and group conferences, and supervised field practice. The nurse thus becomes familiar with the program of the organization. The duration and content of this intensive training will depend upon previous preparation and experience. Following this intensive training the nurse gradually assumes more responsibility but works with a senior nurse and receives continuing individual guidance which fits her to take her part in more difficult services.

2. The supervised field visit is preceded by a conference on families to be visited, and followed by an interview which is planned by the nurse and the supervisor. It is customary to encourage nurses to evaluate their own visits and to bring this written evaluation to the interview.

3. Analysis of records is of the greatest importance and a study of the records kept by the individual nurse helps the supervisor and the nurse to determine weakness and strength in performance.

4. The morning organization period presents opportunities for exchange of viewpoints, advice on work plans, analysis of family situations, brief discussions concerning meetings attended, and comments on newspaper and magazine reports of current events.

5. Blackboards and materials for demonstration should be provided and books should be readily available. These should be authoritative and of recent publication. The nursing journals are a "must" if nurses expect to keep themselves informed. The Victorian Order of Nurses maintains a central lending library at National Headquarters and every district office throughout Canada has a mimeographed copy of the catalogue which is brought up-to-date from time to time by means of the V.O.N. pamphlet, "The Forum". In the larger cities a visiting nurse organization will probably maintain a small central lending library. We find that leaving the shelves unlocked so that the books are accessible works very well and that the loss has been almost nil. In addition, university libraries are usually open to nurses and the large public libraries contain standard works on psychology and other related topics.

6. Opportunities should be afforded to attend meetings, lectures, institutes and university courses. New learning

should be shared with the group.

7. Group meetings should be set for a definite time and place, determined in advance by the group. It is these meetings which are usually spoken of as the staff education program. Two types of meetings are held, namely, the staff meeting, so-called, when the whole staff meets at district headquarters to discuss topics of common interest and the director participates. Then, there is the district meeting when the supervisor and her staff meet in the local office to discuss problems which may or may not be common to the whole staff but which are best studied in small groups. There may be times when the several districts will want to come together in staff meeting in order to share findings or for other purposes. Miss McArthur has discussed the relative values of the various methods of conducting conferences, consequently, we will not dwell on them here other than to say that the lecture and the panel lend themselves best to the larger meeting and the conference method is excellent for the smaller groups. We should use those methods best suited to the material to be learned. The rules that may be said to hold good for all district conferences are that the series be planned well in advance and in accordance with the known needs, that the nurses know the objectives beforehand and that the program should be posted where all can see and frequently discuss it. It is with this form of staff education that the balance of this paper will deal.

In the January issue of the *American Journal of Nursing*, Ordway Tead likens nurses to the members of a team who must get together and decide what is to be done and how best to do it if each member is to fulfil her particular function in winning the game; he calls this getting into a huddle. The conference is the visiting nurse's method of getting into a huddle and having briefly defined the principles and methods of staff education I should now like to demonstrate how the group meeting may be used to develop a specific project. The following project, originally planned for the consideration of the Hamilton Branch of the Victorian Order of Nurses, was prepared in the hope of finding a solution for a definite problem: the growing needs of the chronic patient. This problem has become more insistent during the past three years, so much so that in 1942 the Branch made 4590 visits to patients of this type. This was double the number of visits paid in 1936 and constituted 22.7 per cent of the total visits to all types of cases. Among the reasons for this increase are the extension of the life span, the lack of facilities for the care of the old and infirm, and the difficulty of securing help in the home.

Two main questions present themselves: first, how well prepared are nurses to meet the needs of the chronic patient and, second, are the family and the nurse making full use of community resources. The nursing staff is a varied and changing group consisting of experienced nurses with or without public health training; new staff members, some of whom are not familiar with the city; recent graduates of public health nursing courses; young graduate nurses who have just completed their hospital training; and married nurses who have returned to active practice in order to serve their country in its time of need. The young and inexperienced nurse, with or without public health training, has had little practice in caring for chronic patients or in the use of improvised equipment. Like the married nurse, who has possibly been away from nursing for years, she lacks skill in assisting families to adjust to the handicapped patient in the home and finds it difficult to help the patient to maintain his morale so that he may disrupt family life as little as possible. All these nurses, as well as the nurse who comes from out-of-town

may need help in becoming familiar with community facilities. The older, more experienced nurse may have lost her rose-coloured spectacles and become uninterested and unsympathetic. Some nurses may have lost sight of the elderly patient as a person with a yearning to feel that he or she is important to someone, and have forgotten that old people may have a fear of being unwanted and often a sense of deep loneliness. Nursing skills may have become rusty, perception of the preventive aspects of chronic illness and the preventive and restorative aspects of good nursing may have become dulled.

Participation in a thorough study of the whole problem should arouse new interest and result in a service based on the known needs of the community, the family, and the resources of the organization. Because of the supervisor's broader outlook certain problems may be obvious to her long before the staff nurse is cognizant of them. Bringing a problem out into the open and arousing group interest are prime factors in building a staff education program. Conferences with individual nurses concerning their case load, and the ratio of chronic, acute, and educational visits; discussion of the day-by-day district case load; field visits by the supervisor with various nurses and directed discussion centred around the chronic patient; an analysis of the monthly report by a staff nurse, followed by directed questioning; discussion of a specific situation that is presenting difficulties to one of the nurses will all help to make the chronically ill patient the focus of attention and raise questions on the adequacy of the program of the organization and the community.

Some nurses will probably ask why there is so much talk about chronic patients and why we are making more visits to them. The next question might reasonably be: Why not let us find out? Having decided upon the general topic the group will expect the committee, elected by themselves, to formulate the program. It is essential that all the nurses feel that the program is their responsibility, but that in order to expedite matters it is necessary for them to appoint a small committee to do the initial work. The supervisor should be an ex-officio member of this committee and for a time may find it necessary to chair the conference meetings and lead the discussion. When the program committee is ready, an organization meeting is called to present the tentative outline to the group for their approval and to afford opportunities for suggesions and questions. An informal questionnaire might be used to secure additional information and to give the more retiring members a chance to express themselves.

The objectives of the project should be formulated by the group at this meeting and I shall now discuss those which the nurses might set for themselves: (1) to learn how to promote the comfort and effectiveness of the chronically ill patient by the practice of good nursing, based on a better knowledge of the nature of chronic disease and its effect upon the patient and his family; (2) to learn how to promote health and to prevent conditions which result in chronic illness by early recognition of symptoms, increased knowledge, and improved teaching methods; (3) to learn the community resources for the prevention and treatment of chronic disease in order that they may be used to the best advantage; (4) to learn how to evaluate services so that case loads may not be unduly weighted with visits to chronic patients; (5) to be mentally alert on all problems affecting the health of the community.

The time at our command determines to some extent the content of the program. The usual plan is to meet for one hour once or twice a month between October and May, except during the

holiday period. The visiting nurse, working with the acutely ill, prefers to know that her patients are cared for before she goes into conference. Other groups may find the first hour of the working day better suited to their needs. The length of the conference will depend upon its form. Many of these meetings will probably lend themselves to the conference method or to a combination of demonstration, family study and conference. If the conference method is used and there is real participation very little will be accomplished in less than two hours. One hour would appear to be ample for the lecture method especially if the speaker is restricted to one half-hour and the rest of the time is used for open discussion. No hard and fast rule can be laid down and the time of meeting and its duration will be decided upon like other policies, and influenced by such factors as the number of meetings, the material under discussion, and the method used.

The following is a series of topical headings under which we might organize a staff education program dealing with the chronic patient:

1. The public health aspects of chronic disease; incidence, age groups affected; economic factors; visiting nurse's responsibility for meeting community need.

2. Factors involved in balancing the case load; aims of visiting nurse service; relation of chronic to total visits; opportunities afforded for service and health teaching.

3. The health needs of the chronic patient, physical, mental and emotional; effects of physical surroundings.

4. Family needs: interpretation of patient's needs, community facilities, visiting nurse policies; instruction in daily care and feeding of the patient; help in securing aids, comforts, etc.

5. Fundamental nursing principles: application to care of the chronic patient; effective use of home equipment; principles underlying good relationships.

6. Community facilities for chronic care and their use; co-operation with other agencies; how to interpret agencies to families.

7. Occupational therapy: value in restoration of function and maintaining morale; satisfaction derived from useful, interesting and occasionally gainful occupation; satisfactions derived from contact with the visiting instructor.

8. Principles upon which a well balanced diet is planned; the specific nutritional needs of the chronically ill and aged; psychological effects of the daintily served, well cooked meal.

9, 10, and 11. Cause, prevention and treatment of chronic diseases such as heart disease, cancer and arthritis; a thorough exploration of any of these diseases would require a series of conferences and it is possible that the nurses might select one of them as a topic for a later program.

12. Discussion of specific situations mentioned in previous lectures, such as the family history of a cancer or arthritic patient, so as to emphasize previous learnings and afford opportunity for their practical application.

13. Evaluation of program: what have we learned? Have we a better understanding of the needs of chronic patients, of visiting nurse service, and community resources? Are we doing better nursing, better teaching? Have we learned to think first in terms of principles and then of the effect of principle upon practice? Have we any suggestions for next year's program?

The topics discussed at meetings 9, 10, and 11 should be dealt with by specialists in order to bring authoritative new material to the attention of the nurses. A specialist in the occupational therapy field might be asked to attend meeting seven and to open the discussion. The nutritionist would probably lead the discussion at meeting eight. A report of a visit made to an outside agency might well be used as a starting point for meeting six. It must be remembered that this program has not as yet been put into operation, and is therefore subject to modification. Speakers may not be available, new agency policies may call for interpretation; the program may not develop as rapidly as planned. In such a contingency more conferences might be held or one or two

lectures on chronic disease omitted.

The program outlined above was planned in terms of a local situation, that is, the problem is a real one that has gradually been forcing itself upon the attention of supervisors and staff. Trends indicate, however, that chronic illness is a problem that will more and more engage the thoughts of community workers if conditions in other provinces are similar to those pictured in an Ontario study which, according to Dr. Charlotte Whitton, records that more than one-half of all hospital care is given to patients with chronic illness.

The group conference as a staff education method is a valuable and time saving means of stimulating supervisors and staff to greater effort, clarifying situations, developing broader viewpoints, keeping personnel informed and, through co-operative planning, study, and work, bringing to the community, family, and patient an individualized service satisfying alike to the famliies served and to those who serve them. As Ordway Tead expresses it: "The emphasis is not upon direction but upon communication up from the bottom, no less than down from the top, and the whole emphasis is on the creative and constructive effort of all;" that is, "it is a collaborative conference among working equals anxious to prosecute a job."

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Contributed by the Hospital and School of Nursing Section of the C. N. A.

Nursing Care of Premature Infants

LERA BARRY

In general, the routine care of premature babies has been fairly well standardized in the larger institutions throughout the country but, due to overcrowding in many of the nurseries under war-time conditions, many hospitals have not been able to carry out this routine to the fullest advantage. For example, each infant requires at least twenty square feet with an optimum of fifty square feet, and few nurseries are built to provide that much space.

The nursing care of premature infants is very important and too frequent changes in the nursing personnel are not advisable. We have found that premature babies do much better under the care of one group for a relatively long period of time. Naturally, the ideal situation is where the premature nursery is under the direction of a permanent staff who have had special training in this field. Pediatricians agree that handling and examination by the nurse and doctor should be kept at a minimum. Premature babies do very well in an ordinary separate nursery with good nursing care. When adequate heat, humidity and ventilation can be provided, they thrive without elaborate equipment such as heated mattresses, incubators and ultra-violet ray.

There are seven essential factors which enter into the care of the premature baby: (1) maintenance of normal body temperature; (2) maintenance of normal respiration; (3) conservation of energy; (4) providing adequate and suitable nourishment; (5) prevention of infection; (6) careful feeding technique; (7) prevention of distention.

The care of the premature infant begins immediately after birth by avoiding loss of body heat. The baby's temperature must be maintained from 99 to 100 degrees Fahrenheit and should be recorded one hour after birth and then every two hours until the infant maintains a constant level at the temperature mentioned above. It would be preferable for the temperature to rise as high as 101 degrees rather than to fall to 97 degrees.

With very feeble infants, it is best to postpone all cleansing for at least six to twenty-four hours and to keep them warm. They may be placed in an incubator, if one is being used, or in specially heated sterilized full-length premature pads, made of absorbent cotton and gauze, one under and the other wrapped closely around the infant. The heat is sustained by hot water bottles, carefully placed.

Directly after birth, the infant's nose and throat must be cleared of any mu-

cus or other obstructing material and kept clear by frequent aspirations with a soft rubber catheter for at least the first eight to twelve hours. This procedure must be carried out with extreme care in order to avoid injury to the mucous membrane, and to prevent the complications which might result. Oxygen is administered continuously for the first twenty-four to forty-eight hours, depending on the infant's size and condition, and is then given, over a period of time, at regular intervals following each feeding when cyanotic attacks are more apt to occur. Each attack impairs the infant's metabolism and may be regarded as a possible factor in causing cerebral damage.

Do not weigh the baby until it is in good condition. Daily weighing is not necessary until the infant is beginning to maintain its own body temperature. Premature babies are oiled rather than bathed, a procedure which conserves energy, prevents chilling and injury to the skin. The temperature of the room should be maintained at 80 degrees Fahrenheit with a humidity of 55 to 60 per cent.

During the first two or three days, the feeding of a premature infant consists in giving a sufficient volume of fluid without concern as to its caloric value. The amount of fluid given at one feeding is a matter of personal experience and varies with the size of the child. Once it is apparent that the intestinal tract is functioning in a normal manner, breast milk feedings may be started and fairly quickly worked up to the quantity estimated to be necessary to fulfil the infant's needs. The first feedings, which are usually lactose 5 percent, are given twelve to twenty-four hours after birth, depending on the infant's condition; then, breast milk feedings are given at two- to three-hour intervals.

Premature babies must be protected from respiratory and gastro-intestinal infections, to which they are particularly susceptible. Only the doctors and the nurses in charge of the babies should enter the nursery, and even then a very rigid individual technique must be carried out. All feeding utensils must be sterilized and each infant must have a separate feeding tray.

There are several methods of feeding premature babies for example: gavage; medicine dropper; Brecht feeder; a bottle with a nipple which has been found satisfactory; nursing at the breast. Any baby who does not swallow easily should be given its feedings by gavage, under strict aseptic technique, and by a nurse who has had considerable experience in this procedure. It has been found that infants under four lbs. do much better when fed in their crib by gavage than by any other method. When they begin to suck on the tube it is an indication that one of the other methods of feeding may be instituted. When feeding with a medicine dropper or a Brecht feeder, it must be remembered that the premature infant's swallowing mechanism is immature and that it is a dangerous procedure to fill the mouth with milk if the child is unable to swallow as the fluid is liable to trickle into the trachea.

It is the practice of some pediatricians to give adequate doses of Vitamin C at the end of the first week and Vitamin D at the end of the second week. In some clinics thyroid extract is used routinely, once feedings have been started, as a means of stimulating metabolism in general. Iron is given later, but at an earlier period than to the full-term infant.

Distention is an important condition to be watched for in the premature infant. It frequently causes regurgitation or cyanotic attacks and is due to the relatively poor muscular development which involves intestinal as well as skeletal muscles.

Infants may be kept in the prema-

ture nursery until they reach the weight of five pounds and then transferred to the immature nursery if one is available. Later they may be put into the large and cooler nursery preparatory to going home. At this time, breast feeding may be indicated.

When the baby is ready to be discharged from the hospital, the mother must be given particular instructions in regard to its care at home, and advised to keep in touch with her doctor and follow his advice very closely. She should also be informed that the progress of the baby will be slow for the first few months, but that later she may confidently expect the normal growth and activity of a full-term baby.

A Dual Celebration

It is not every day that a Golden Jubilee and a Centenary are celebrated at one and the same time but that is just what happened recently at the Royal Victoria Hospital and the Royal Victoria Montreal Maternity Hospital. While each institution preserves its own name they are nevertheless united and together form the beautiful group of buildings that stands out against a majestic background on the slope of Mount Royal.

His Excellency the Governor General, the Earl of Athlone, in his capacity as Visitor, accompanied by Her Royal Highness, the Princess Alice, attended the ceremonies which marked the happy occasion. Following a luncheon given by Dr. Walter Chipman and Lady Meredith, the vice-regal party made a tour of the military wards. They then visited the School of Nursing where the usual teaching programme was in progress and later opened the new premature nursery in the Royal Victoria Montreal Maternity Hospital. Miss Caroline V. Barrett and other members of the nursing staff were presented to Their Excellencies and afternoon tea was served.

On the following day Their Excellencies attended a reception given in their honour at which many civic and university dignitaries were present. The medical staff appeared in full force as did the members of the Alumnae Association of the School of Nursing and many representatives from the nursing staffs of other hospitals were among the guests. An excellent address on the history of the two Hospitals was delivered by Dr. Walter Chipman, president of the Board of Governors. This was followed by a vivid and delightfully humourous description of the development of the School of Nursing given by Miss Fanny Munroe, superintendent of nurses. The following excerpts are quoted with her kind permission:

I have the honour, and it is a great honour, of giving a resumé of the fifty years growth of the School of Nursing. The first patient entered the hospital on January 2, 1894, and the first staff consisted of five head nurses with nine other graduates to assist them. The first student entered the School of Nursing (or Training School as it was then called) on January 10, 1894. Another followed in a few days and so on at intervals until December 24 when the last member of that Class arrived, making a total of twenty-eight. The terms under which they entered were "eight dollars a month for two years." No other promises were made. There was little instruction but the women then taking up nursing were mature — twenty-two to twenty-eight years of age — and we are told that they were accustomed to discipline and

responsibility at home. They lived more simply in those days — there were no motor cars, no movies, there was less seeking of a good time. With the exception of marriage, teaching and nursing were the only careers open to women and it was therefore important that they make a success of whatever they undertook to do. Their course was made up of experience on the medical, surgical, and gynecological wards, the children's ward, and the operating room, with an occasional lecture. Nursing consisted of simple bedside care and was not involved with scientific tests and treatments as it is today.

Looking over the records, we find that only two did not graduate. Of these it is recorded that one was a "feeble, undecided character" and the other "flighty and subject to headache and nerves". The others were apparently above reproach except one who was "very penitent for her shortcomings, which were numerous". One achieved distinction with a report that "the doctors were well pleased with the propriety of her conduct". One unexpected bit of information found in the records was that in 1898 the nurses were on an eight-hour day and worked from 7 a.m. to 3 p.m., from 3 p.m. to 11 p.m., or from 11 p.m. to 7 a.m. This system was carried on from January to October of that year and was then discontinued. Had it been continued one of our present problems would have been avoided.

The world has changed a good deal in fifty years and nurses and nursing have changed with it. Student nurses are now admitted at the age of eighteen. Long skirts, long sleeves, high collars, black shoes and stockings are gone. Internes and medical students are welcomed in the nurses' residence. Nurses continue to work after marriage and married students are accepted into schools of nursing. The students themselves are responsible for their discipline when off duty. But of much greater importance is the lengthening of the course — three years instead of two — and the change from hit-and-miss teaching to a well organized comprehensive programme, both in the classroom and in the wards under the direction of instructors specially prepared for their jobs.

Bedside nursing remains basic but modern medicine has increased the demands made on nurses. Fifty years ago hospital work or private duty were the only fields of nursing whereas now there are many specialized branches for which much additional preparation is necessary. Experience has steadily been enlarged. The course in obstetrics was introduced in 1904 when students were for the first time sent to the Montreal Maternity Hospital. Since then, as each specialty developed, segregated experience has become available not only in medicine, surgery, obstetrics, paediatrics, but also in ophthalmology, otolaryngology, metabolism, urology, dietetics and in the outpatient department. Affiliation with the Alexandra Hospital provides experience in communicable diseases. Additional paediatric experience is available through an affiliation with the Children's Memorial Hospital. With the establishment of the Montreal Neurological Institute in 1934 experience became available in neuro-surgical nursing and, with the opening of the Allan Memorial Institute, psychiatry will be added to the list. Experience in community health is still lacking and can only be integrated into our courses with the assistance of the health agencies in the community. We look forward to a time when these agencies will see their way clear to offering some planned observation or experience to our students.

As the hospital and school have grown there has been a corresponding increase in prepared staff, not only in charge of departments, but also in the classrooms, where we now have four full-time instructors. From the beginning it was accepted that a certain cultural level was necessary for the students and that this should at least be equal to a cross-section of that of the patients whom they would nurse following graduation. Always there have been students with university degrees.

At this point Miss Munroe made a sincere and moving reference to Miss Mabel Hersey who, for thirty years, served with great distinction as superintendent of nurses. Miss Munroe then announced that the Board of Governors had established, as a lasting tribute to

The Governor General and Princess Alice visit the School of Nursing

Miss Hersey's memory, an annual scholarship for postgradute study at the McGill School for Graduate Nurses.

After referring to recent developments in the nursing field in Britain which came about as the result of the work of the Committee of which the Earl of Athlone was chairman, Miss Munroe spoke of the achievements of the graduates of the School of Nursing:

In the early days our graduates went out to help establish hospitals in Vancouver, Calgary, and Edmonton. They have gone to India and China, and one hundred and twenty-five of them served in the last war. Two represented Canada on the staff of the Anglo-Russian hospital organized in England and sent to Russia in 1915. In 1921, three were sent to Roumania to establish a school for nurses in Bucharest. In this war we have record of one hundred and fifty serving with the various Armed Services as nursing sisters, matrons and principal matrons in England, Africa, and Italy, as well as at home.

The School begins its second fifty years under favourable conditions. There is a waiting list of applicants, desirable ones. There is a well equipped teaching department and a well prepared teaching staff. In spite of constant changes we have fortunately retained a number of experienced supervisors and head nurses. What is equally important, the Board of Governors, the Superintendent of the Hospital, and the Medical Staff are interested in the School, interested not only as it serves the hospital but also in the broader concept that its graduates be fitted for and available to help with the enlarging health programme of this country, taking with them the ideals and traditions of a great profession.

At the conclusion of the programme, the Governor General smilingly observed that in his capacity as Visitor, he had duly made a formal inspection of both Hospitals and found everything in good order. His Excellency also predicted that, when a similar ceremony takes place fifty years hence, medicine and nursing will have made such strides that the wards of the Royal Victoria Hospital will be empty and the Royal Victoria Montreal Maternity Hospital will be full to overflowing.

Notes from the National Office

Contributed by KATHLEEN W. ELLIS

General Secretary and National Adviser, The Canadian Nurses Association.

The General Meeting — 1944

A tentative outline of the programme for the twenty-second general meeting of the Canadian Nurses Association appears in this issue of the *Journal*. This has been released by the Chairman of the Programme Committee, Miss Marion Lindeburgh. It is a preliminary introduction to the proceedings of the convention and may be subject to change. In these days it is difficult accurately to foretell events even four months in advance; however, the programme as announced at this date does set the stage for the General Meeting in 1944. It is hoped that the programme will be carefully reviewed by all readers and that each one will find some item of special interest which will be an incentive to attend the meeting. The proceedings have been carefully designed to meet wartime needs and to prepare for plans for rehabilitation in the new and unknown future which cessation of hostilities will bring.

The general session of the biennial meeting is to open on Tuesday, June 27. The convention is to be limited to four days, and general business will be dealt with as expeditiously as possible in order to allow ample time for discussion of other vital matters. The activities of special and other committees are to be presented in a most palatable form and are grouped under the main topics which it is felt they support.

Among the special speakers are to be included Mrs. R. F. McWilliams, Dr. William C. Graham, Principal of United College, and Mr. Shinbane, all of Winnipeg. Before becoming Chatelaine at Government House, Mrs. McWilliams was a member of the City Council in Winnipeg. She was also chairman of a sub-committee appointed to study Post-war Problems of Women, her report on which was recently tabled in the House. Mrs. McWilliams' interest in community problems and her ability as a speaker are widely known. Dr. Graham and Mr. Shinbane are equally well qualified to deal with their respective subjects. As announced in a previous issue of the *Journal*, Miss Anna Schwarzenberg, Executive Secretary of the International Council of Nurses, is to be a welcome guest of the Canadian Nurses Association throughout the convention and will take part in the programme. Miss Anna Tittman, Executive Director of the Nurse Placement Service sponsored by the Midwest Division of the American Nurses Association, has not only consented to speak, but has declared her willingness to remain for personal conferences with those who are interested in the very vital subject of Nurse Placement Service. This suggests the possibility of more comprehensive plans which may be announced later. Then, there is to be a stimulating message from our Nursing Sisters overseas. Altogether, the programme offers opportunities for con-

tacts that nurses across Canada cannot afford to miss.

According to present plans, the Executive Committee meetings will be held on Saturday, June 24 and July 1, 1944 — a very fitting way to spend a national holiday in wartime.

Monday, June 26, is being reserved for meetings of the Committee on Health Insurance and Nursing Service, and of the Provisional Council of University Schools and Departments. Even though the days are well filled, opportunities will be afforded for members of Alumnae Associations and others to get together. This is a foregone conclusion whenever nurses meet.

Social events are being reduced to a minimum, but two special celebrations will be included: a dinner meeting, which is to be held on Wednesday evening, June 28, at which the presentation of the Mary Agnes Snively medals will be made, and a reception at St. Boniface Hospital on Friday, June 30, to commemorate the Centenary of the arrival of the Grey Nuns in St. Boniface. On the latter occasion nurses attending the convention will pay tribute to this distinguished Community and its contributions to nursing and other community services.

Convention headquarters will be at the Fort Garry Hotel, Winnipeg. Applications for reservations should be made well in advance of the meeting. Through the secretaries of the Provincial Associations of Registered Nurses special application cards for room reservations may be obtained. Room rates at the Fort Garry Hotel are quoted as follows: Single room, $3.50 to $5.50; double room, $2.50 to $3.75 per person; three in a room, subject to arrangement. Each room has a connecting bath or shower. Reverend Sisters who desire accommodation while attending the General Meeting are advised to write to Sister Dion, c/o St. Boniface Hospital, St. Boniface, before May 15.

Post-war Planning

At the last executive meeting of the Canadian Nurses Association, a special committee was appointed to function as a Committee on Reconstruction. Nurses in Montreal representing different professional activities were named as the nucleus of the committee, with provision for provincial representation. Authorization was also given for lay representatives to act on an advisory committee if and when deemed desirable; their help will be needed. The committee has begun to function already, and nurses throughout Canada will be kept informed of its activities.

Contacts have been made also with the United Nations Relief and Rehabilitation Administration (UNRRA) through the newly appointed Chief of the Welfare Division which includes nursing, and through one of the Canadian delegates to the first meeting of this international organization. In the February issue of the *Journal*, an enlightening editorial on UNRRA appeared. This included suggestions regarding some ways in which Canada and Canadian nurses may hope to share in the activities of UNRRA. The committee on post-war planning is alive to these. Although it is understood that the actual number of nurses required to participate in the reconstruction programme abroad may be limited, the qualifications of nurses who are chosen will obviously be high.

Some time ago the Canadian Nurses Association was called upon to make recommendations to a special committee appointed to study the post-war problems of women. Recommendations from the Canadian Nurses Association were prepared at a meeting of representative nurses (those now forming the nucleus of the Committee on Reconstruction) called for the purpose. Broadly, the questions upon which the recommendations were based dealt with:

The responsibility of the Government for retraining women at the close of the war;

The advisability of continuing, in the post-war period, nursery schools which have been established by the Government to care for children of mothers working in war industries;

The placing of household employment on a basis that would attract and hold a sufficient number of intelligent and competent women and girls in this important field;

Ways and means by which the burdens of women living in certain rural areas might be relieved and life made less arduous and more attractive for them.

Readers of the *Journal* may be interested to know the reply sent on behalf of the Canadian Nurses Association. This included such recommendations as:

Arrangements sponsored by the government to facilitate as far as possible the return of married women with young children to their homes;

Preparation for some occupation of other women workers in war industry who have not received any previous training;

The continuance of nursery schools under the regular Departments of Education. This recommendation was based on the belief that when conducted under modern social conditions these schools have a very real educational value. It was also felt that many women will continue to work outside their homes after the war and that difficulty in securing adequate household help may continue, developments which emphasize the need for such schools even when the war is over.

Other recommendations covered special plans to attract a desirable type and number of young women as household helpers. This was felt to be a matter of vital interest to nurses as it was suggested that frequently so-called lack of nursing service is explained by lack of this type of help both in the home and hospital. In order to attract women to this important type of employment, the Canadian Nurses Association recommended that training schools should be established by the Government for these workers and certificates offered to them; that a distinctive uniform, approved by the schools preparing the workers, might be worn while on duty; that there be a radical change in attitude towards these workers supported by a campaign of education with appropriate publicity; that initial wages for household helpers be comparable to those paid to factory workers, with arrangements for increases in recognition of efficiency and experience; that there be fixed hours of duty with payment for overtime, and elimination of any stigma of social inferiority. The fact was emphasized that the importance of the work done by household helpers entitles them to be treated with due respect. Possible difficulty in securing adequate household help may further emphasize the need for such schools after the war is over.

To relieve women on farms, a plea was made for labour saving devices with provision by the Government of electric power at a minimum rate; better grouping of farms to provide opportunities for social life; cheaper transportation; plans for adult education; extension of medical and nursing services especially in outlying areas with special provision for care of maternity cases; establishment of equitable prices for farm products and the intelligent distribution and sale of them.

Nurses may not be in entire agreement with all of these recommendations, especially on the first reading. Some very healthy thinking and discussion can be promoted by consideration of many of them. They all suggest problems in which the nurse as a citizen should be interested, also ways in which Canadian nurses will be needed to take part in post-war planning at home.

Committee on Labour Relations

It is a strange thought to many nurses that such a committee should be functioning actively in the Canadian Nurses Association. It has been appointed to

make a special study of labour legislation as this affects our professional organizations, in order that sound advice and assistance may be given to members. At the last meeting of the C.N.A. Executive Committee those present went on record as approving the principle of collective bargaining, but expressed the opinion that professional bodies are the appropriate ones to act in this capacity for nurses. Already on several occasions recommendations made by the Canadian Nurses Association have provided a satisfactory basis for negotiations which have resulted in more satisfactory conditions of service for nurses. Provincial associations too have supported requests which have brought similar results. Collective thinking and action, as well as collective bargaining, are essential in these days of crisis and when we face the post-war period.

Publicity Programme

The Canadian Nurses Association is fortunate in now having Miss Electa MacLennan to direct the national publicity programme. While not entirely abandoned on a national basis, a decision was reached some time ago that, as provincial associations were carrying on so successfully, less support of publicity from the National Office was necessary. However, at the last meeting of the C.N.A. Executive Committee, it was decided that a publicity programme, somewhat similar to that carried on previously, should be continued nationally and the national adviser was authorized to proceed with plans for this.

Appropriate publicity is essential to an informed and sympathetic public. It is the medium through which the layman can best be made aware of the many professional activities that are being supported nationally and provincially by nurses throughout Canada. The need for an informative recruitment campaign for student nurses exists if satisfactory enrolment is to be maintained and a continuous programme is essential. As an Assistant in National Office, Miss MacLennan has undertaken to revive a more comprehensive programme and wishes it known that announcements will be made from time to time as feature material becomes available. Previous experience has shown that the co-operation of provincial associations is assured.

TENTATIVE PROGRAMME OF THE GENERAL MEETING

Tuesday—June 27

8.00 a.m. Registration.

GENERAL SESSION, 9.30 A.M.

Invocation, The Reverend Canon George Calvert.

Address of Welcome, The Honorable Stuart Garson, K.C., Premier of Manitoba.

Address: "National Unity", A. M. Shinbane, K. C.

Reading of Minutes of the General Meeting, 1942.

Report of Arrangements Committee.

Report of Programme Committee.

Appointment of scrutineers.

Press.

Appointment of representatives to the

Appointment of Resolutions Committee.

Roll Call of Federated Associations.

Correspondence.

Formal presentation of Resolutions from the Executive Committee and the Provincial Associations.

Headquarters in Action

Presidential Address, Miss Marion Lindeburgh.

Report of the Honorary Secretary, Miss Rae Chittick.

Report of the Honorary Treasurer, Miss Marjorie Jenkins.

Report of the General Secretary, Miss Kathleen Ellis.

Report of the Publications Committee, Miss Grace Fairley.

Report of the Editor and Business Manager of *The Canadian Nurse*, Miss Margaret Kerr.

GENERAL SESSION, 2.00 P.M.

Adjustments in Wartime

Report of the National Adviser to the Canadian Nurses Association, Miss Kathleen Ellis.

Report of the French Associate to the National Adviser, Miss Juliette Trudel.

"Sustaining Public Interest", Miss Electa MacLennan.

Summary of important developments in the Provinces, Miss Florence Walker.

GENERAL SESSION, 8.00 P.M.

Strengthening our National Organization

Report of the Government Grant Committee, Miss Marion Lindeburgh.

Report of the Bursary Award Committee, Mrs. Stuart Townsend.

Report of the Florence Nightingale Memorial Committee, Miss Fanny Munroe.

Report of the Committee on Legislation, Miss Esther Beith.

Report of the Committee on Labour Relations, Miss Esther Beith.

Wednesday—June 28

CONCURRENT MEETINGS OF SECTIONS 9.00 A.M.

Hospital and School of Nursing Section.
General Nursing Section.
Public Health Section.

Joining Forces

"Consolidating Nursing Resources", presented by the three National Sections.

GENERAL SESSION, 2.00 P.M.

Nurses Serving Overseas

A Message from our Nursing Sisters Overseas (speaker to be announced).

Nurses serving with the British Civil Nursing Reserve, Miss Mabel Holt.

Aid extended through British Nurses Relief Fund. Miss Grace Fairley.

Professional Relationships

"Reviving International Relationships", Miss Anna Schwarzenberg, Executive Secretary, International Council of Nurses.

Report of the Canadian Florence Nightingale Memorial Committee, Miss Grace Fairley.

Report of the representative of the Canadian Nurses Association on the National Nursing Council for War Service (U.S.A.)

"A History of Nursing in Canada — a report", Miss Mary Mathewson.

GENERAL SESSION, 7.30 P.M.

Dinner Meeting:

Address: Rev. William C. Graham, Ph.D., S.T.M., D.D., Principal of United College, Winnipeg.

Ceremony: Presentation of the Mary Agnes Snively Medals.

Thursday—June 29

GENERAL SESSION, 9.00 A.M.

Stabilizing Nursing Service

"Organization and Functions of Placement Services", Miss Anna Tittman, executive director of the Nurse Placement Service sponsored by the Midwest Division of the American Nurses Association.

"The Subsidiary Nursing Worker, her selection, preparation, and control" (speaker to be announced).

"A Provincial Plan for Subsidiary Nursing Workers" (speaker to be announced).

GENERAL SESSION, 2.00 P.M.

Health Insurance and Nursing Service

Symposium: The Canadian Nurses Association Functions in a Health Insurance Plan, Miss Electa MacLennan.

Principles of Health Insurance Applied to Nursing Service, Miss Rae Chittick.

Health Insurance Functions in the Hospital and Community (speakers to be announced).

GENERAL SESSION, 8.00 P.M.

Post-War Planning

The Canadian Nurses Association and Post-war Planning, Miss Marion Lindeburgh.

Address: "The Rôle of Women in Post-war Work", by Mrs. R. F. McWilliams.

Address: "What Nurses Can Do", panel discussion directed by Miss Gertrude Hall.

Friday—June 30

GENERAL SESSION, 9.00 A.M.

Essential Educational Adjustments

Report of the Activities of the Committee on Nursing Education, Miss Kathleen Russell.

Preparation for Professional Nursing, Miss Nettie Fidler.

Standards for Registration Examinations, Miss Evelyn Mallory.

Question Box: A panel of five speakers will deal with various aspects of nursing education.

GENERAL SESSION, 2.00 P.M.

Report of Resolutions Committee.
Unfinished Business.
New Business.
Report of scrutineers.
Election of Officers.
Adjournment.

A reception in honour of the Centenary of the Arrival of the Grey Nuns in St. Boniface will be held at 4.00 p.m. at St. Boniface Hospital.

Postgraduate Clinical Work Available in Canada

Last autumn the Committee on Nursing Education of the Canadian Nurses Association brought to a conclusion a study which had been going on for some time concerning standards for postgraduate clinical courses in hospitals. These standards, which were finally accepted by the Executive Committee of the Canadian Nurses Association, were published in *The Canadian Nurse* in November, 1943.

The final task assigned to the Education Committee was the compiling of a list of the postgraduate clinical courses, or periods of postgraduate experience, now available in Canada. In September, the Committee wrote to all the nursing schools in Canada asking for this information. The number of replies received during the autumn was so small that the Committee waited, hoping to add to the list. However, it is felt that we should delay no longer and the following brief list is now being published:

Postgraduate Clinical Courses

The Halifax Infirmary School of Nursing, Halifax, Nova Scotia, offers two postgraduate courses. Each is five months in length, with a forty-two hour week. These courses include (1) a postgraduate clinical course in surgery, providing for two weeks on the ward and four and a half months operating room management and technique; (2) a postgraduate clinical course in obstetrics, providing for one month on the ward, one month in the nursery, two weeks in the formula room, two and a half months in the delivery room.

The Royal Victoria Hospital School of Nursing, Montreal, offers the following courses: (1) operating room technique and management; (2) surgical nursing, including urology; (3) medical nursing; (4) nursing in diseases of the eye, ear, nose and throat; (5) nursing in obstetrics and gynaecology; (6) nursing in neuro-surgery.

The Montreal General Hospital School of Nursing offers an extra experience course in operating room work.

The School of Nursing of the Ontario Hospital, London, Ontario, offers a three-months course in psychiatric nursing.

The Provincial Mental Hospital, Ponoka, Alberta, offers a six months course (usually November to May) in psychiatric nursing.

Clinical Postgraduate Courses in Universities

Clinical postgraduate courses are offered by the following:

The School of Nursing of the University of Alberta offers a three-months advanced course in practical obstetrics.

The School for Graduate Nurses, McGill University, offers, as a war measure, a four-months course in clinical teaching, supervision and administration. The course consists of two months of lectures and two months hospital experience.

The School of Nursing, University of Toronto, offers the following courses: clinical supervision in medicine; clinical supervision in surgery; clinical supervision in obstetrics; clinical supervision in operating room; clinical supervision in paediatrics. All these courses combine theoretical study with practical work in the hospital wards and departments: both aspects of the work are interwoven throughout the year. Each course is eight months in length. It is possible, though not desirable, to divide the work by taking the first four months in one year, and the final four months by entering in January of a later year.

Postgraduate Clinical Experience

The hospitals or schools of nursing offering postgraduate clinical experience have noted the fact that they do not wish to give the name of "course" to this work.

The School of Nursing of the Hospital for Sick Children, Toronto, offers supplementary courses in the nursing of sick children.

The Toronto General Hospital School of Nursing, Toronto, offers postgraduate clinical experience in operating room work.

In addition, letters were received from three other hospitals saying that they might be interested in this type of work at some later date.

KATHLEEN RUSSELL
Chairman
Committee on Education
Canadian Nurses Association

M.L.I.C. Nursing Service

Magdeleine Laniel (Notre Dame Hospital, Montreal) was recently appointed as Metropolitan nurse on the Mount Royal Staff.

Gilberte Violette (St. Sacrement Hospital, Quebec City, and University of Montreal public health nursing course) was recently transferred from Montreal to take charge of the Metropolitan Nursing Service in Joliette.

Germaine Tessier (Notre Dame Hospital, Montreal, and University of Montreal public health nursing course) was recently transferred from Joliette to the Quebec City nursing staff.

Institute for Administrators in Schools of Nursing

The Department of Nursing of the University of Manitoba is offering an Institute for school of nursing administrators from May 1 to May 6, inclusive, under the direction of Mrs. Henrietta Adams Laughran, M.A., director of the School of Nursing of the University of Colorado. The Department has been extremely fortunate in being able to secure the service of so well qualified a nurse administrator and educationalist as Mrs. Laughran. Formerly professor of nursing education and director of the School of Nursing at the University of Washington, Seattle, Mrs. Laughran has also had an opportunity of studying hospitals and schools of nursing in Europe under the auspices of the Rockefeller Foundation.

This Institute is open to all administrators and supervisors and further information can be obtained from Hazel B. Keeler, Director, Department of Nursing Education, University of Manitoba, Winnipeg, Manitoba.

Frankly, nurse, tender skin like mine needs Z.B.T. powder!

NURSE, Z.B.T. Baby Powder contains olive oil—gives the extra, long-clinging protection so comforting to sensitive infant skin. Z.B.T. is superior in "slip." Feel its smooth slide between your fingers. That's how Z.B.T. acts in tender baby skin folds, protecting better against chafing.

Z. B. T. resists moisture better—an advantage that helps make it a favorite in so many hospitals.

Make this convincing test with Z.B.T. containing Olive Oil

Smooth Z. B.T. on your palm. Sprinkle water on it. See how the powder doesn't become caked or pasty. The water doesn't penetrate it, but forms tiny powder-coated drops—leaving the skin dry and protected. *Compare with other leading baby powders.*

STUDENT NURSES PAGE

A Case Study of Acute Pancreatitis

AUDREY LOWE

Student Nurse

School of Nursing, Payzant Memorial Hospital, Windsor, N. S.

It was especially interesting to care for Mrs. H. because she was suffering from acute pancreatitis, a disease that is of rare occurrence and has a high death rate. By way of introduction, brief reference will first be made to the anatomy and physiology of the pancreas. This is a racemose gland situated behind the stomach, in front of the first and second lumbar vertebrae, the right end filling the curve of the duodenum. The main duct runs transversely from the "tail" of the pancreas to the "head" and generally unites with the common bile duct before entering the duodenum. The gland secretes two secretions: (1) the pancreatic secretion; (2) the secretion from the islands of Langerhans from which insulin is extracted.

The subject of this case study is a Canadian woman twenty-seven years of age. She was one of ten children and, although her mentality appears somewhat below normal, she possesses a pleasing personality. She was married at the age of eighteen years and the family lives in a small shack under poverty-stricken conditions. There are two children who appear to be in good health in spite of their environment. The patient's illness began with severe epigastric pain, nausea, vomiting, and weakness. Upon admission she was in a state of severe shock, her temperature being sub-normal. The urinalysis disclosed glucose 3 plus. The white blood cell count was 16,840, and her case was diagnosed as acute pancreatitis. The vomiting continued and towards morning became a brown watery fluid streaked with blood. On the day after her admission, a laparotomy was performed with the following findings: pancreas enlarged, swollen and soft; small areas of fat necrosis were noted on the omentum. The patient was found to be four months pregnant. The lesser sac and right kidney region were drained of bloody fluid. Upon her return to the ward she was in very poor condition and it was impossible to count her pulse. Saline with glucose was given intravenously and the patient reacted favourably. The post-operative treatment consisted of daily intravenous injections of saline with glucose. Morphine was administered in appropriate doses to relieve pain and discomfort. Special care was given to the teeth and gums and a boral mouth wash was used continuously. Glycerine and lemon were applied with an applicator to her dry, cracked, and bleeding lips. Nothing except ice chips and sips of water were given by mouth for the first four days.

In Pregnancy

TOCOPHEREX

Suggested for Treatment of Threatened or Habitual Abortion Due to Vitamin E Deficiency

● Each capsule contains 50 milligrams of mixed tocopherols, equivalent in vitamin E activity to 30 milligrams of a-tocopherol.

Tocopherex contains vitamin E derived from vegetable oils by molecular distillation, in a form more concentrated, more stable and more economical than wheat germ oil.

For experimental use in prevention of habitual abortion (when due to Vitamin E Deficiency): 1 to 3 capsules daily for 8½ months. In threatened abortion: 5 capsules within 24 hours, possibly continued for 1 or 2 weeks and 1 to 3 capsules daily thereafter.

Tocopherex capsules are supplied in bottles of 25 and 100.

VIOPHATE - D

For Increased Calcium Requirements

● Each capsule of Viophate—D contains 4.5 grains Dicalcium Phosphate, 3 grains Calcium Gluconate and 330 units of Vitamin D. The capsules are tasteless, and contain no sugar or flavouring. Where wafers are preferred, Viophate—D Tablets are available, pleasantly flavoured with wintergreen.

One tablet is equivalent to two capsules.

How supplied:

Capsules—Bottles of 100 and 1,000.

Tablets —Boxes of 51 and 250.

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TEACHING AND SUPERVISION IN SCHOOLS OF NURSING
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As a war measure, two four-months programmes are offered:

CLINICAL TEACHING AND SUPERVISION
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For information apply to:

School for Graduate Nurses
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The Department of Nursing University of Manitoba

offers an Institute for

School of Nursing Administrators

May 1 to May 6, 1944

Conducted by

Mrs. Henrietta Adams Laughran, M.A.,

Director of the School of Nursing of the University of Colorado.

The Institute is open to all administrators and supervisors. For information apply to:

Hazel Keeler, M.A., Reg.N.
Director, Dept. of Nursing Education
University of Manitoba
Winnipeg, Man.

Mrs. H.'s condition showed improvement by the third post-operative day but she continued to vomit green watery fluid and was irrational at times. The dressing was changed daily and there was a small smount of serous discharge from the incision. A daily urinalysis showed glucose varying from negative to 1 plus. On the fourth day after operation the five skin clips were removed and hydrochloric acid ointment was applied to the incision daily to prevent auto-digestion. No laxatives were administered but a soap-suds enema was given every two or three days as required. Mrs. H. was allowed to drink ginger ale in small quantities and toast, orange juice, and tea were added to her diet.

For five days she was not nauseated but then began once more to vomit green watery fluid frequently. This condition continued for eighteen days with varying intensity. During this time the discharge from the incision increased in amount and was bloody in character. The vomitus became first a dark green and then brown in colour, streaked with blood. This blood was thought to be coming from the digested wall of the stomach. Jelly, soup, and arrowroot biscuits were now added to her diet but we found, to our dismay, that salted peanuts, oranges, and chocolates had been smuggled in to her by her husband and that she had eaten them after the lights were out at night. The next day her condition was not good. She became very drowsy, complained of abdominal pain, was irrational at times, and very restless. The white blood cell count was 13,600, and the urinalysis showed glucose 3 plus. Intravenous saline with glucose was again administered and iron arsenite was given intramuscularly in order to combat the lowered haemoglobin of 55 percent. A few days later the patient's condition again improved and the urinalysis proved to be glucose negative. Iron arsenite was

REPORT OF A SURVEY

among 6,000 physicians on the subject of

BABY OIL

A leading medical journal asked these questions of 6,000 physicians, including over half of all pediatricians and obstetricians. Their replies, summarized below, provide authoritative information to guide you in advising mothers.

(Survey made in U.S.A.)

QUESTION: ***"Do you favor the use of oil on baby's skin?"***

ANSWER: Over 95% of physicians said yes. (Most hospitals, as in scene above, instruct mothers to use one baby oil, Mennen—chiefly because it's *antiseptic*).

QUESTION: ***"Should oil be used after every diaper change?"***

ANSWER: 3 out of 4 physicians said yes. (Mennen Antiseptic Oil helps prevent diaper rash caused by action of germs in contact with wet diapers).

QUESTION: ***"Should oil be used all over baby's body daily?"***

ANSWER: 3 out of 4 physicians said yes—helps prevent dryness, chafing . . . (Most important, Mennen *Antiseptic* Oil helps protect skin against germs).

QUESTION: ***"Up to what age should oil be used on baby?"***

ANSWER: Average of replies from physicians said, "Continue using oil until baby is over 6 months old." Many advised using oil up to 18 months.

QUESTION: ***"Should baby oil be antiseptic?"***

ANSWER: 4 out of 5 physicians said baby oil should be antiseptic. (Only one widely-sold baby oil is antiseptic—Mennen. It helps check harmful germs, hence helps prevent prickly heat, diaper rash, impetigo, other irritations. Hospitals find Mennen is also gentlest, keeps skin smoothest. Special ingredient soothes itching, smarting. Babies deserve the *best*—Mennen Antiseptic Oil).

Pure, Bland, NON-ANTISEPTIC

Baby's Own Oil is *especially* blended for all-over cleansing of the tiny baby. It is a pure, bland oil containing no antiseptic — in order to lessen the risk of irritating sensitive baby skin. Rubbed lightly over the scalp, it prevents encrustations . . . applied to diaper regions whenever diapers are changed, it helps prevent diaper rash, chafing or dryness of the skin.

Baby's Own Oil is manufactured with the same care that has made Baby's Own Soap the standard of excellence for over 75 years. You may recommend it with complete confidence.

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now given every second day. Cream of wheat and crackers were now added to her diet and three weeks later she was discharged from the hospital with the incision completely healed, vomiting absent, and feeling quite strong.

In order to complete this history, I should like to add that Mrs. H. was again admitted to hospital three months later and gave birth to a healthy, normal child weighing almost eight pounds. She gaily informed us that as soon as she went home she stopped her diet and ate everything. It is interesting to note that pregnancy was not interrupted even by this serious illness and operation, and that no apparent harm was done to the child even when the mother was without much nourishment for a period of almost two months.

Victorian Order of Nurses for Canada

The following are the staff appointments to transfers, and resignations from the Victorian Order of Nurses for Canada:

Bessie Seaman, who has been on leave of absence from the Order, has been appointed nurse-in-charge of the Saint John (N.B.) Branch.

Victoria Agar, a graduate of the University of Toronto School of Nursing, has been appointed to the Toronto staff.

Barbara Lever, a graduate of the Sherbrooke Protestant Hospital, has been appointed temporarily to the Sherbrooke staff.

Helen McCarty and *Margaret DeLaurier*, graduates of Victoria Hospital, London, have been appointed temporarily to the Border Cities staff.

Margaret Rowe, a graduate of the Hudson City Hospital, Hudson, N.Y., has been appointed temporarily to the Woodstock (Ontario) staff.

Doris Kirkwood, a graduate of the Cornwall General Hospital, has been appointed temporarily to the Galt staff.

Barbara Fargo, a graduate of the Toronto East General Hospital, has been appointed temporarily to the East York staff.

Ruth Russell, a graduate of St. Andrew's Hospital, Midland, has been appointed temporarily nurse-in-charge of the Barrie Branch.

Mary Paquette, a graduate of the Victoria General Hospital, Halifax, has been appointed temporarily to the Halifax staff.

Olwin MacInnes, a graduate of the Ottawa Civic Hospital, has been appointed temporarily to the Moncton staff.

Florence Sinclair, a graduate of the Toronto Western Hospital and *Mary Louise Newton*, a graduate of General and Marine Hospital, Collingwood, have been appointed temporarily to the Toronto staff.

Elizabeth Kerswill, *Mrs. Hilda Forrest* and *Mrs. Marjorie Taylor*, graduates of the Toronto General Hospital, have been appointed temporarily to the Toronto staff.

The following nurses, having completed a two-months period of orientation in Victorian Order nursing on the Montreal staff, have been posted as follows: *Margaret Drummond*, Sherbrooke; *Mrs. Doris Small*, Trenton; *Marguerite Ries*, Calgary; *Helen Voss* and *Winnifred Tredaway* will stay in Montreal for one month.

Margaret McNabb has resigned as nurse-in-charge of the Barrie Branch and has accepted a position with the Ontario Provincial Department of Health.

Phyllis Hill has resigned from the East York staff to join the R.C.A.M.C. Nursing Service.

Mrs. Justine Smith has resigned from the Sherbrooke staff.

Mrs. McKay (*Jeanne Sterne*) has resigned from the Toronto staff.

Mary Henderson has been transferred from the East York staff to take charge of the Waterloo Branch.

Ontario Public Health Nursing Service

Middlesex County Council has added to the nursing staff of their County School Health Service *Clara S. Kittmer* (Woodstock General Hospital and University of Western Ontario public health nursing course) and *Mrs. Beatrice* (*Moore*) *Cameron* (University of Western Ontario).

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In febrile illnesses lasting more than a day or two an especially difficult burden is placed upon the metabolic system. Increase in temperature sharply raises the protein and carbohydrate requirements. In consequence undue loss of weight is apt to occur, unless a concerted effort is made to maintain the nutritional state.

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THE RYERSON PRESS
TORONTO

NEWS NOTES

ALBERTA

RED DEER:

A meeting of District No. 6, A.A.R.N. was held recently. Only regular members were in attendance and they worked on surgical supplies for the local hospital, a project which is to be undertaken periodically. Final preparations were made for a blood donor clinic held recently in Red Deer and which our group undertook under the sponsorship of the Red Cross. Ten dollars was contributed to the Red Cross drive.

The following officers were elected for this year and are as follows: president, Mrs. Laura Allyn Humber; vice-president, Mrs. Evelyn Hodge; secretary-treasurer, Martha Smith; social convener, Mrs. Nellie Alcock; news reporter, Mrs. Dorothy Frame.

BRITISH COLUMBIA

The following excerpts are taken from the report given at the annual meeting of the Vancouver Chapter by the president, Miss Lyle Creelman:

One of the major activities of the R.N.A. B.C. during the past year has been the education of the public and of nurses regarding the necessity of maintaining our present standard of high school graduation with University Entrance as the educational qualification for entrance to schools of nursing. The task has been one that is very vital to the nursing profession and it was important that those who were thoroughly conversant with the matter undertake it. The attendance at the meeting which we held on the subject showed that the Chapter members were keenly interested and that as individuals they have done their share in the education of the public and their fellow members.

We have travelled far, financially, from the days of the old V.G.N.A., when along about the fall of the year we appealed to the old faithfuls to dig down into their pockets to keep us solvent until the next year's fees were due. Thanks for this are due to the re-organization in the R.N.A. B.C. and the payment of all fees to them. Few of us realize the tremendous amount of work which is being undertaken in our Provincial Offices, under the direction of our registrar and her assistant, and of the director of the Provincial Placement Service. We should all be proud that we have made so much of this possible through the increase in our fees and, as a Chapter, we are glad to be able to share in our responsibility for the Directory Service by helping to pay off the debt incurred in the organization of this project. Re-organization has

made it possible, for the first time, to have associate members. The only fault we have to find is that there should be many more of them.

I would like to suggest some very specific objectives for 1944. They all have to do with "increases" on a foundation already laid:

1. Increased attendance on the part of our membership. Every registered nurse in the Vancouver area is a member of our Chapter. There are some 1,200. In addition, every graduate nurse who is not registered may be an associate member.

2. Increased discussion at our meetings. If the programs do not stimulate discussion you should tell your executive and give them helpful criticism.

3. Increased activity. May I here sound a note of warning. We are very fortunate in some respects in having our R.N.A.B.C. office in Vancouver. We must not, however, let this be an excuse for allowing the various and over-worked Provincial Committees to undertake detailed tasks which should rightly be the Chapter's responsibility. We look to the R.N.A.B.C. for leadership and guidance but let us not falter in the tasks they set us.

4. Increased subscriptions to *The Canadian Nurse*. We are proud that the editor-elect is a member of the Vancouver Chapter. Let us make her proud of us by having the highest percentage of subscriptions for any area in Canada. Nothing less will do!

CHILLIWACK:

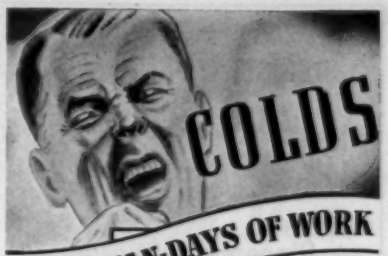
The January meeting of the Chilliwack Chapter, R.N.A.B.C., was in charge of the public health nurses who presented a round table discussion on health insurance. At the February meeting, held in Sardis at the Coqualeetza Hospital, some interesting films from the University of British Columbia were shown at the conclusion of the business meeting.

MANITOBA

At a recent meeting of the Brandon Graduate Nurses Association plans were furthered for the publicity campaign on cancer. Draws were made for War Savings Certificates as a means of raising the scholarship fund. The program was arranged by the down town section and the address on pediatrics, given by Dr. Joseph Graf, of the Brandon Mental Hospital staff, proved very interesting.

NEW BRUNSWICK

At a recent meeting of the St. Stephen Chapter, N.B.A.R.N., plans were made for a Beano party to increase our funds, and for the purchase of a Victory Bond. An interesting talk on the early settlers in



LOST MAN-DAYS OF WORK

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At the first sign of a cold, physicians generally agree that initial treatment should include a gentle, yet thorough laxative. Phillips' Milk of Magnesia provides mild laxation and, in addition, is an effective antacid for gastric acidity. For over three decades it has been a standard therapeutic agent.

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Courses for Graduate Nurses

(1) A three-months course is offered in Obstetrical Nursing. (2) A two-months course is offered in Gynecological Nursing. For further information apply to Miss Caroline Barrett, R.N., Supervisor, Women's Pavilion, Royal Victoria Hospital.

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(3) A course in operating room technique and management is offered to nurses with graduate experience in operating room work. (4) Courses are also offered in medical nursing; surgical nursing; nursing in diseases of the eye, ear, nose and throat; nursing in urology. For further information apply to Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital.

the St. Croix Valley was given by Dr. Maude Maxwell Vesey. At the February meeting films were shown of skin grafting, and coloured films were also shown of a trip to Bermuda, by Mr. V. H. Bruneau. These were followed by readings by Mr. George Flint. Both these meetings were very well attended.

ONTARIO

Editor's Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, Department of Public Health, City Hall, Fort William.

Districts 2 and 3

A meeting of the Kitchener and Waterloo Chapter, Districts 2 and 3, R.N.A.O., was held recently at the Dominion Tire Factory. The personnel manager, Mr. Hillman, spoke on women in industry, illustrated by a film showing women and men at work in the factory. Miss Nellie Scott, who is the industrial nurse, showed the group the health centre which is well equipped and renders excellent service. Miss Margaret Dulmage, who is now visiting the high schools of the Province under the auspices of the R.N.A.O. in connection with the recruitment of students for schools of nursing, gave a most interesting account of this project.

District 4

HAMILTON:

The annual meeting of the Hamilton Community Nurses Registry was held recently with Barbara Key, chairman of the board of directors, presiding. The registrar, Jennie McBride, reported a year of increasing activity, and that successful efforts were being made to meet the need for nursing service. Madalene Baker, registry adviser for Ontario, attended the meeting and commended the Registry for the accomplishments of the past year.

District 5

The annual meeting of District 5, R.N.A.O., was held recently in the Royal Ontario Museum, Toronto, with approximately 400 nurses present. Miss Kathleen McNamara was in the chair and the reports received from all committees indicated a very active year. Miss Mary Sunley, convener of the membership committee, reported a good response to the membership drive; the paid-up membership for 1943 was 2173 or an increase of 536 over 1942. Miss Ann Coakwell, convener of the refresher course co-sponsored by the Central Registry of Graduate Nurses and District 5 and presented by the

University of Toronto School of Nursing, reported a registration of 941 nurses. This course, which dealt with developments in the field of medicine in wartime, included practical demonstration and lectures, and gave a great deal of helpful information.

The guest speaker for the evening was Miss Amelia H. Grant of New York whose name is well known among nurses as past president of the National Organization for Public Health Nursing, retired director of the Nursing Service of the New York City Health Department, and author of "Nursing—a Community Health Service". Her subject, "The Place of the Nurse in the Community Health Program", proved very enlightening. In an informal discussion Miss Grant intrigued our interest with observations of the changing conception of the work of the public health nurse, and enlarged the interpretation of preventive measures.

The following officers were elected for the coming year: chairman, Pearl Morrison; vice-chairman, Claribel McCorquodale; secretary-treasurer, Mrs. C. L. Williamson; conveners, Dorothy Marcellus, Grace Versey, Helen McCallum.

OSHAWA:

At a recent meeting of the Oshawa General Hospital Alumnae Association the following members were elected to serve during the coming year: honourary presidents, E. MacWilliams, E. Stewart; president, E. Tick; first vice-president, Mrs. Simmons; second vice-president, D. Noble; secretary, Mrs. Sharp; corresponding secretary, W. Smith; assistant corresponding secretary, L. Carter; treasurer, Mrs. C. Chesebrough; social convener, M. Rea; representative to *The Canadian Nurse*, V. Niddery.

TORONTO:

The following officers were recently elected by the Alumnae Association of the Hospital for Sick Children: honourary president, Jean Masten; president, Frances Boyd; first vice-president, Mrs. Newlands; second vice-president, Mrs. Woodcock; recording secretary, Mrs. H. Clifford; corresponding secretary, D. Muckle; treasurer, H. Leak.

DISTRICT 8

The following officers have recently been elected by District 8, R.N.A.O. to serve during the coming year: chairman, P. Walker; vice-chairman, Rev. Sr. M. Evangeline; second vice-chairman, W. Cooke; secretary-treasurer, J. Stock; councillors, Rev. Sr. Madeleine of Jesus, I. Allan, V. Foran, K. McIlraith, M. McLachlan, H. O'Meara; conveners, hospital and school of nursing, W. Cooke; public health, H. Latimer; general nursing, I. Dickson; Pembroke Chapter, M. Young; Cornwall Chapter, Rev. Sr.

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About 75 per cent of babies are allergic to one food or another say authorities. Which agrees and which does not can only be determined by method of trial. In case such allergic symptoms as skin rash, colic, gas, diarrhea, etc. develop, Baby's Own Tablets will be found most effective in quickly freeing baby's delicate digestive tract of irritating accumulations and wastes. These time-proven tablet triturates are gentle — warranted free from narcotics — and over 40 years of use have established their dependability for minor upsets of babyhood.

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TRENDS IN NURSING HISTORY

By Elizabeth Marion Jamieson, B.A., R.N. and Mary Sewall, B.S., R.N. New (2nd) Edition, Just Issued. 651 Pages. $3.50.

This book interrelates nursing with history—ancient, medieval and modern. The history of nursing is traced, step by step, through the ages showing the general long-time trends which have led to present-day conditions and how these will influence the future. Throughout, events rather than people are emphasized in an effort to bring before the student the relationship of nursing to the whole process of social growth.

This text is completely in accord with the Curriculum Guide outline, and is adapted for either a fifteen or thirty hour course.

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Mooney; representative to *The Canadian Nurse*, B. Jackson.

The annual meeting of Cornwall Chapter District 8, R.N.A.O., took place recently at the Cornwall General Hospital. Miss Myrtle McWhinnie presided and Miss Florence Archibald gave an outline of the meetings of the sub-committees of the R.N.A.O. Miss Joyce Smith, an intermediate student of the Cornwall General Hospital School of Nursing, presented an interesting case report stressing the use of chemotherapy in the treatment of pneumonia. Rev. Sister Margaret Mooney gave a paper on routine blood examinations and their value to the physician in the diagnosis of pathological conditions. Dr. Lalonde was the guest speaker of the evening and the lecture given in his inimitable humorous way was not only instructive but much enjoyed.

The new executive for the year 1944 is as follows: chairman, Rev. Sr. Margaret Mooney; vice-chairman, Sybil Everitt; secretary, Winnifred Cowan. The conveners of standing committees are: nurse education, Rev. Sr. Daniels; social finance, Mrs. Mary Quail; private duty, Edna McDonell; program, Mrs. Ruth Villeneuve; publicity, Marjorie Goodfellow; membership, Irene Martin.

Ottawa General Hospital:

At the annual meeting of the Alumnae Association of the Ottawa General Hospital the following officers were elected: president, Rev. Sr. Madeleine of Jesus; vice-president, Mrs. L. Dunne; second vice-president, Mrs. A. J. McEvoy; secretary-treasurer, H. Braceland; membership secretary, G. Boland; councillors, Mmes Latimer, Viau, Racine, Misses V. Clemen, K. Ryan, L. Rainville; representatives to: Red Cross, Mrs. A. Powers; D.C.C.A., M. O'Hare; registry, M. Landreville, L. Brulé, E. Bambrick; visiting committee, J. Frappier; *The Canadian Nurse*, J. Stock.

The following members have recently joined the R.C.A.M.C. Nursing Service: Muriel Rielly, Helen O'Grady, Alice Maloney, Margaret Dumas, Della Carter, Mary Harbic, and Doris Gogins. Sister Madeleine of Jesus recently conducted an extension course in ward supervision at St. Joseph's Hospital Lowell, Mass. Olive Bell and Kathleen McDonell are taking the public health nursing course at McGill School for Graduate Nurses. Nursing Sister Margaret Dolan has been appointed Sister-in-Charge of the WRCNS Sick Bay, Wallis House, Ottawa. Sr. Emile de Marie and Marion Prindiville have taken their postgraduate course in obstetrical nursing at the University of Toronto; the latter has accepted a position on the staff of St. Mary's Hospital, Toronto. Margaret Donnelly has received her diploma in technology and x-ray therapy from the Ontario Department of Radiology. Gabrielle DeCelles and Bernadette Bolger have

accepted positions in the first aid department of the Hull Iron and Steel Foundries.

QUEBEC

Montreal General Hospital:

Vivian Dixon, assistant on Ward K, has been called for duty by the R.C.A.M.C. Nursing Service. Replacing her is Elizabeth Colley, who was previously on the night staff. Eleanor Hood, a recent graduate, has accepted a position on the night staff.

Royal Victoria Hospital:

Among those present at the celebration of the Golden Jubilee of the Hospital were Mrs. W. A. C. Hamilton and the Misses Lillian Owen, Mima Russell and Elsie Pomeroy, who graduated in the first class of the School of Nursing.

Announcement has been made by Miss Fanny Munroe, superintendent of nurses, that a Mabel F. Hersey scholarship will be awarded annually by the board of governors of the Royal Victoria Hospital for post-graduate study at the McGill School for Graduate Nurses.

Jean MacPherson has joined the R.C.A.M.C. Nursing Service. Marjorie Gilpin, who has been in charge of Ward E (women's surgical), and Eleanor Short, of Ward L (urological), have resigned to be married. Florence Gass will succeed Miss Short in Ward L and Irene Jackson is taking charge of Ward A (men's medical).

McGill School for Graduate Nurses:

Tentative plans are being made for the celebration of the Silver Anniversary of the School, the exact date of which will be announced later, conditions permitting.

Plans are underway for the formation of provincial branches of Alumnae members. Those planning to attend the General Meeting this year in Winnipeg should keep their eyes open for arrangements in regard to a reunion of the graduates of the School.

Acting Captain Agnes Tennant (A.M.) R.C.A.M.C. (T. & S., 1938) was a recent visitor and guest speaker at the School; other visitors included Grace Martin and Edna Felsing (T. & S., 1943), both on the teaching staff of Jeffery Hale's Hospital, Quebec City, and Irene Martin (P.H.N., 1943). A very interesting letter was received from Major Blanche Herman, R. R.C., R.C.A.M.C. (Administration, 1930) relating in general some of the activities of the nursing sisters overseas and extending good wishes to the graduates of the school.

QUEBEC CITY:

The following officers have been elected by the Alumnae Association of Jeffery

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Hands that care for the sick . . . that suffer from numerous handwashings — and harsh antiseptics — can still be soft, smooth and lovely. Wonderful protection . . . with no sticky feeling is easy with specially-developed Pacquins' Hand Cream. Pacquins' exclusive formula . . . created for nurses and doctors . . . restores the beautifying, softening skin oils lovely hands require.

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Crisp, fresh-looking nurses like their stockings to stay white too. Yet shoes sometimes cause stockings to become an off-white shade. That's when you'll be happy about WHITEX, the magical blueing that works on wool and silk as well as other fabrics. WHITEX is a member of the great Tintex Family of Fast Dyes and Tints, and is on sale at all chain, drug and department stores.

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Superintendent of Nurses
Royal Edward Laurentian Hospital
Ste. Agathe des Monts, P.Q.

Hale's Hospital to serve during the coming year: president, Mrs. A.W.G. Macalister; first vice-president, Miss G. Martin; second vice-president, Miss N. Humphries; secretary, Miss M. G. Fischer; treasurer, Miss M. Meyers; councillors: Misses C. Kennedy, E. Ford, M. Jones, Mmes M. Beattie, I. West, J. Cormack, N. Teakle; committees: visiting, Mmes E. Ford, F. O'Connell, B. O'Neill, Mrs. I. West; program, Misses M. Lunam (convener), E. Walsh, Mmes C. Young, M. Beattie; purchasing, Misses M. Lunam, G. Weary, Mrs. E. Seale; refreshment, Misses M. Dawson, A. Marsh, M. Meyers, G. Kertson, Mmes C. Davidson, E. Seale; service fund, Mmes E. Seale, S. B. Baptist, A. M. MacDonald, P. Rolleston, Misses E. Walsh, F. Imrie; war work, Misses G. Weary (convener), E. Ford, M. Dawson, Mmes J. Hatch, J. Cormack; representatives to: private duty, Misses G. Campbell, M. MacCallum; *The Canadian Nurse*, Miss Humphries.

Thirty-two members of the Association are on active service at home and overseas. Among them are Nursing Sisters A. Thomson, D. Giberson, L. McCormack, V. Wrye, L. Matthewson, I. Henderson, R. Chase, C. MacIver, H. Black.

Miss M. Meyers has accepted the position of supervisor in Ward O, to replace Miss B. Thomas who has joined the R.C.A.M.C. Nursing Service. J. Daye, N. Fulton, M. Taylor, M. Dickson, and M. Weldon are all doing general duty in the Hospital.

WANTED

A **Superintendent** is required for a 65-bed general hospital. State age, experience, religion, references, and salary expected, when applying to:

Lady Minto Hospital, Cochrane, Ontario.

WANTED

An **Obstetrical Supervisor** is required for a small hospital, averaging 25 to 30 cases monthly. Applicants must have postgraduate training and some experience. Apply, stating qualifications and salary expected, to:

Superintendent, Chipman Memorial Hospital, St. Stephen, N. B.

WANTED

A **Graduate Nurse** is required for the position of **Night Supervisor** in a 60-bed hospital; full maintenance and a six-day week. Apply, stating age, qualifications, religion, and salary expected, to:

Secretary-Treasurer, Cottage Hospital, Pembroke, Ont.

WANTED

Graduate Nurses are required for **General Duty** in the **Verdun Protestant Hospital for the Treatment of Mental Diseases.** Full maintenance is offered. A full day off duty per week is allowed in addition to 5 hours on Sundays. Single rooms provided in a modern nurses residence. Information regarding salaries obtainable on application.

Nurses who have not previously had the benefit of experience in psychiatric nursing will find an opportunity of observing and taking part in the modern treatment of mental diseases. For further information apply to:

Director of Nursing, Verdun Protestant Hospital, Box 6034, Montreal, P.Q.

WANTED

Two General Duty Nurses, one with previous operating room experience, are required for a 30-bed **Ontario Hospital.** Good salary, plus full maintenance. Six-day week. Apply in care of:

Box 14, The Canadian Nurse, 1411 Crescent St., Montreal, P.Q.

WANTED

The following positions are open in a centrally-located Toronto hospital:

Assistant Night Supervisor
Supervisor of Medical Service
General Duty in Nurseries (obstetrical and private floor services)

Apply in care of:

Box 15, The Canadian Nurse, 1411 Crescent St., Montreal, P.Q.

WANTED

Applications are invited for the position of **Instructor of Nurses** for a 75-bed hospital in **Nova Scotia.** Duties are to commence on September 1, 1944. State salary required. Apply in care of:

Box 16, The Canadian Nurse, 1411 Crescent St., Montreal, P.Q.

WANTED

A **Graduate Nurse** is required for **General Duty** in a ten-bed hospital offering surgical, medical, and maternity service. The salary is $90 per month, with board, room, and laundry. A bonus of $10 a month is given if applicants remain for more than one year. Apply to:

The Matron, Magrath Municipal Hospital, Magrath, Alta.

WANTED

A **Lady Superintendent** and **two General Duty Nurses** are required (for the duration of the war at least) for a 25-bed hospital. State qualifications and full particulars in first letter to:

The Superintendent, Soldiers' Memorial Hospital, Middleton, Annapolis Co., N.S.

WANTED

A **Surgical Nurse** is required **at once for Operating Room** in a 36-bed hospital. Previous experience essential. Eight-hour day and six-day week. Apply stating qualifications and salary required, to the:

Matron, Kimberley Hospital Society, Kimberley, B. C.

WANTED

Vancouver General Hospital desires applications from registered **nurses for General Duty.** Please state in first letter date of graduation, experience, references, etc., and when services would be available. Eight-hour day and six-day week. Other details and salary information will be given. Apply to:

Miss E. M. Palliser, Principal & Director of Nurses, Vancouver General Hospital, Vancouver, B.C.

WANTED

A fully qualified **Instructress** is required **immediately** for a 100-bed hospital. Apply, stating age, qualifications, and salary expected, to:

Miss Agnes S. Pearson, Superintendent, Dauphin General Hospital, Dauphin, Man.

WANTED

Applications are invited for the following positions in a 125-bed hospital:

Assistant Surgical Supervisor (scrub nurse)

Head Nurse, with special training in Pediatrics

Apply, stating age, qualifications, and salary expected, to:

The Superintendent, The Moncton Hospital, Moncton, N.B.

WANTED

A **Graduate Registered Nurse** is required as **Assistant Superintendent of Nurses** for a 150-bed **Sanatorium.** State date of graduation, experience, and qualifications, with special reference to Tuberculosis experience, when applying to:

Superintendent of Nurses, Freeport Sanatorium, Kitchener, Ont.

WANTED

An **Operating Room Supervisor** is required for a 150-bed hospital in **Western Ontario.** Applicants with post-graduate experience and teaching ability are preferred. Give references. Apply to:

Sarnia General Hospital, Sarnia, Ont.

WANTED

Applications are invited for the position of **Night Supervisor** for a 120-bed hospital. Apply, stating experience, qualifications, and salary expected, to:

The Superintendent, Stratford General Hospital, Stratford, Ont.

WANTED

A **Graduate Nurse** is required for duty in the **Children's Pavilion** of the **Fort Qu'Appelle Sanatorium. Graduate nurses** are also required for **General Duty** in the **Adult Wards.** The salary is $85 per month, with full maintenance. Apply to:

The Superintendent of Nurses, Fort Qu'Appelle Sanatorium, Fort San, Sask.

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Honourary Treasurer ..... Miss Marjorie Jenkins, Children's Hospital, Halifax, N. S.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals indicate office held: (1) President, Provincial Nurses Association; (2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public Health Section; (4) Chairman, General Nursing Section.

Alberta: (1) Miss Ida Johnson, Royal Alexandra Hospital, Edmonton; (2) Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; (3) Miss Jean S. Clark, City Hall, Calgary; (4) Miss Gertrude M. B. Thorne, 332-21 Ave. W., Calgary.

British Columbia: (1) Miss Margaret Kerr, Dept. of Nursing & Health, University of British Columbia, Vancouver; (2) Miss E. L. Nelson, Royal Jubilee Hospital, Victoria; (3) Miss T. Hunter, 4238 W. 11th Ave., Vancouver; (4) Mrs. E. B. Thomson, 1095 W. 14th St., Vancouver.

Manitoba: (1) Acting President, Miss A. McKee, 701 Medical Arts Bldg., Winnipeg; (2) Miss B. Seeman, Winnipeg General Hospital; (3) Miss E. Rowlett, 759 Broadway, Winnipeg; (4) Mrs. M. Reynolds, 20 Biltmore Apts., Winnipeg.

New Brunswick: (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marion Myers, Saint John General Hospital; (3) Miss Muriel Hunter, Dept. of Health, Fredericton; (4) Mrs. M. O'Neal, 170 Douglas Ave., Saint John.

Nova Scotia: (1) Miss M. Jenkins, Children's Hospital, Halifax; (2) Sister Catherine Gerard, Halifax Infirmary; (3) Miss Jean Forbes, 412 Tower Rd., Halifax; (4) Miss M. Ripley, 46 Dublin St., Halifax.

Ontario: (1) Miss Mildred I. Walker, Institute of Public Health, London; (2) Miss Dora Arnold, Brantford General Hospital; (3) Miss Winnifred Ashplant, 807 Waterloo St., London; (4) Miss Stella Murray, Niagara-on-the-Lake.

Prince Edward Island: (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Miss Anna Bennett, P.E.I. Hospital, Charlottetown; (3) Miss Ruth Ross, Summerside; (4) Miss Dorothy Greenan, 15 Grafton St., Charlottetown.

Quebec: (1) Miss Eileen Flanagan, 3801 University St., Montreal; (2) Rev. Soeur Décary, Notre Dame Hospital, Montreal; (3) Mlle Marie Cantin, 4352 St. Denis St., Apt 3, Montreal; (4) Miss Effie Killins, 3533 University St., Montreal.

Saskatchewan: (1) Miss M. R. Diedericks, Grey Nuns' Hospital, Regina; (2) Miss Ethel James, Saskatoon City Hospital; (3) Miss Mary E. Brown, 5 Bellevue Annex, Regina; (4) Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon.

Chairmen, National Sections: Hospital and School of Nursing: Miss Miriam L. Gibson, Hospital for Sick Children, Toronto, Ont. Public Health: Miss Lyle Creelman, 2570 Spruce St., Vancouver, B.C. General Nursing: Miss Madalene Baker, 249 Victoria St., London, Ont. Convener, Committee on Nursing Education: Miss E. K. Russell, 7 Queen's Park, Toronto, Ont.

General Secretary, Miss K. W. Ellis, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

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COUNCILLORS: Alberta: Miss J. S. Clark, City Hall, Calgary. British Columbia: Miss T. Hunter, 4238 W. 11th Ave., Vancouver. Manitoba: Miss E. Rowlett, 759 Broadway, Winnipeg. New Brunswick: Miss M. Hunter, Dept. of Health, Fredericton. Nova Scotia: Miss J. Forbes, 412 Tower Rd., Halifax. Ontario: Miss W. Ashplant, 807 Waterloo St., London. Prince Edward Island: Miss R. Ross, Summerside. Quebec: Mlle M. Cantin, 4352 St. Denis St., Apt. 3, Montreal. Saskatchewan: Miss M. E. Brown, 5 Bellevue Annex, Regina.